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**Chair**

**Mr. Guy Lauzon**

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Tuesday, October 31, 2006

•(0905)

[Translation]

**The Chair (Mr. Guy Lauzon (Stormont—Dundas—South Glengarry, CPC)):** Good morning and welcome ladies and gentlemen.

This morning, we will hear from a witness, Gilles Patry, co-chair of the Consortium national de formation en santé. Mr. Patry, you came alone this morning, but you have some assistants.

As I explained, Mr. Patry, you have 10 minutes for your presentation, which will be followed by a first round of questions of 7 minutes each.

You may begin as soon as you are ready.

**Mr. Gilles Patry (Copresident, Consortium national de formation en santé):** Thank you Mr. Chairman. Hon. members, thank you for your invitation to appear before the House of Commons Standing Committee on Official Languages.

It is an honour to appear before you this morning as both President of the University of Ottawa and as co-chair of the Consortium national de formation en santé.

I am aware that the committee members are primarily interested in learning more about the role, evolution and future projects of the Consortium national de formation en santé in relation to the improvement of health care access in French for Francophone communities in minority situations.

But I hope you will also allow me to give you a brief overview of the University of Ottawa's contribution in promoting our official languages and the development of Francophone communities in minority situations.

I would like to start off by summarizing the situation that led to the creation of the consortium and then discuss our accomplishments to date in order to give you a clear idea of our objectives for the future.

The University of Ottawa co-ordinated a pilot project from 1999 to 2003 that launched the efforts that led to the creation of the current consortium. While our project was being developed, in June 2001, the Consultative Committee for French-Speaking Minority Communities, created by the federal Minister of Health, published a study indicating that, on average, over half of Francophones in minority communities had little or no access to health services in their own language. A report was subsequently prepared for the Minister that recommended a three-phase strategy involving networking, training, and the development of services. It was against this backdrop that

Phase II of the Consortium national de formation en santé—Phase I going from 1999 to 2003 and Phase II from 2003 to 2008— was created and received, under the Action Plan on Official Languages, \$63 million over five years for the component on health training and research in French.

The Consortium national de formation en santé is a nationwide organization that brings together postsecondary educational institutions, at both the college and university levels, involved in delivering French-language programs in various health disciplines. The goal is to build an extensive, French-language postsecondary training and research network that bolsters research into the health of Francophones in minority communities.

Today, some 23 university programs and 28 college programs are currently training health professionals able to deliver health services in French across Canada.

A formative evaluation was conducted midway through Phase II, which covers the period from 2003 to 2008, of the Health Training and Research Project.

The following are a few of its findings. The project has resulted in 1,428 new enrolments, which is 33% over the expected results, and almost 300 new graduates, which is 32% over the expected results.

The participating institutions made a commitment to develop and launch a total of 20 new programs during Phase II. They have already launched 16 and expect to launch a total of 28 by the end of 2008. With respect to the development of clinical placement settings, which is key to the success of the CNFS project, the institutions have managed to develop 200 new clinical placements, which is 98% over the expected results. As far as our goal was concerned, we are 100% ahead of schedule.

The research, development and implementation of a strategy to raise awareness within the research councils, along with intense efforts to build networks within the research community, played a major role in our obtaining, competitively, six grants totalling over a million dollars for research projects into the health of Francophone minority communities. I would like to point out that these projects were obtained on a competitive basis, after receiving support from the CNFS.

The primary conclusion of the evaluation report is as follows:

At the midpoint in the Health Training and Research Project, the quantitative data available are pointing toward a very successful project. Overall, the 10 institutions and the National Secretariat of the CNFS have succeeded in reaching or exceeding the expected levels for all performance variables.

• (0910)

The research and training project is playing an essential role in increasing the number of health professionals, and, by the same token, in ensuring that Canada's Francophone minority communities have better access to health services in French. In addition to delivering training, we must also focus on networking and the development of services, which are the two other points identified in the 2001 report to the Minister of Health.

Since 2003, the Société Santé en français has created 17 networks in Canada's Francophone minority communities, with the goal of supporting concerted action and commitment by all partners in the health discipline. In addition, these networks are being supported by over 70 initiatives designed to facilitate the implementation of accessible services to the communities.

These three components are essential to achieving our ultimate goal—better access to health services in French. As the midway evaluation has demonstrated, the CNFS formula is a winning formula. For the first time in our history, a network of postsecondary institutions is making a whole range of health professions accessible, in French, to young people from every region of the country. The CNFS is thereby helping to reduce the country's shortage of health professionals. Despite the great success it is enjoying, the consortium still has a tremendous challenge ahead of it. It will have to build on the work it began in Phase II. This phase runs to March 2008. In the next Phase, beginning in April 2008, it will be important for the federal government to invest more to allow us to strengthen our current programs, develop new programs, and increase our capacity to deliver training in the health professions in French.

In a speech he delivered on April 12, the Minister of Health stated that addressing health human resource issues was one of the cornerstones of the transformation of our health care system. This is exactly what the Consortium national de formation en santé is working on. In coming months, the support of each and every one of you will be crucial in ensuring the success of the next stage of our endeavours.

Allow me at this point to say a few words about the contribution of the University of Ottawa to promoting official languages. Since its creation in 1848, the University of Ottawa has been Canada's university. Distinguishing characteristics include our status as a bilingual university, our commitment to the promotion of French culture in Ontario as well as in Canadian and international Francophone communities, our leadership in advancing Canadian bilingualism and our openness to cultural diversity. Due to an ever increasing number of programs—undergraduate, graduate and professional—offered in French, the university attracts a growing population of Francophone students. Last year there were more than 10,000 Francophone students at the University of Ottawa making it a leader in Canada for French studies outside Quebec. In addition, this year alone—and this is important—the university welcomed more than 3,000 students in high school immersion programs from across Canada. The university has also been very active in the area of research in French, and we have created eight research chairs in Canadian Francophonie.

From January 2004 to December 2005, the University of Ottawa conducted an important strategic planning exercise entitled Vision

2010. As part of this exercise, the University placed as a priority its leadership role concerning Canada's official languages. This initiative is confirmed by two of the key elements of our mission: “A bilingual university that values cultural diversity” and “A university committed to promoting Francophone communities.”

Moreover, in order to improve linguistic balance at the University of Ottawa, the University Senate approved a few months ago the creation of a task force on programs and services in French at the university. In the context of the university's strategic plan, two major initiatives were launched: the French immersion studies program and the Institute of Official Languages and Bilingualism. The French immersion studies program began in September of this year in 54 programs of study at the university. The program is unique in Canada. It allows students from French immersion programs or basic French programs as well as Francophiles to pursue an undergraduate program of study in their second language in the discipline of their choice, while at the same time perfecting their second language. In addition, language competency will be recognized on the student's diploma. Our goal is to have 1,100 students register in the French immersion studies program over the next five years.

The University is also working on the creation of the Institute of Official Languages and Bilingualism.

• (0915)

Its aim is to make the university a national and international centre of excellence in second-language teaching and in researching and developing public policies on bilingualism and language planning strategies.

Thank you very much for your attention.

**The Chair:** Thank you Mr. Patry. You provided a lot of information in exactly 10 minutes and 10 seconds. That is very good.

We will now move on to the first round of questions. Each person will have 7 minutes.

We will start with Mr. Murphy.

**Mr. Brian Murphy (Moncton—Riverview—Dieppe, Lib.):** Thank you Mr. Chairman.

Thank you for your presentation. I come from New Brunswick, the Moncton area in particular. As you may know, the Université de Moncton is a very important institution for Acadians. Recently, we announced a joint program with the Université de Sherbrooke. It is a new agreement to train doctors. It is a cooperative agreement between two major universities.

I am proud of it. I certainly know that you are aware of the level of support for training bilingual doctors and health workers.

I have a few questions for you. Do you think that financial support for programs of instruction for our young people is inadequate, not only in New Brunswick—I am aware of these problems—but also elsewhere in the country, outside Quebec?

The answer to these questions would help me to really understand whether there is greater need in the provinces and whether we should give our support.

My second question is the following. Is it true that many graduates work in Quebec even though they received their training in New Brunswick, for example? In New Brunswick there is a problem that should not even exist. Life is great in New Brunswick. The cost of living is much lower and we all live near the ocean. However, we know that salaries are much lower than they are in Ontario, Alberta and Quebec.

Those are my two questions.

**Mr. Gilles Patry:** Thank you for your question Mr. Murphy. First, the Université de Moncton is an integral part, as you know, of the Consortium national de formation en santé, the CNFS. The university's president, Yvon Fontaine, is the other co-chair of the consortium.

We work closely together. I am also aware of the Acadie-Sherbrooke program for training doctors. This program works quite well and will be set up in Moncton, as you just said.

The challenge you are talking about, and your two questions, concern the needs of the other provinces, and the students' return to their home province once they have received their education. These are the two main directions of the CNFS, the purpose of the CNFS, and why the federal government is involved in this type of project.

For example, every year as part of Phase II of the CNFS, the University of Ottawa trains eight doctors to serve Francophone minority regions. We are trying to train students from Saskatchewan, British Columbia, Alberta and even New Brunswick—students from across Canada.

As far as your question on the need for doctors elsewhere in the country is concerned, I would say that indeed this need exists. This need is filled for the most part by the University of Ottawa, which trains doctors not only for Ontario, but for all the Francophone minority communities.

As for how we will make sure these students return to the communities, I would say that in all our health training programs, the key aspect is ensuring that the clinical placements are done in the home regions of both nurses and doctors.

Doctors have what we call 13 weeks of rotations. Students take specialized training at a hospital. Yes, we do a lot of work with the Montfort hospital, which is how the CNFS was created in the first place, as you well know. We also serve the receiving areas and the hospital areas in the regions. We send students back to the hospitals and the local health community centres to make sure they go home. When students go back home they are offered attractive jobs outside major urban centres. Ensuring that every student does a placement in their home region is part of our report, of our formative evaluation. There are no guarantees, but more students go back to their home region this way. When we work with CNFS students, we notify the University of Ottawa. We try to instill this culture in them, a sense of moral obligation to go home and serve their community.

● (0920)

**The Chair:** Thank you Mr. Patry. I now call on Mrs. Barbot to ask the second question.

**Mrs. Vivian Barbot (Papineau, BQ):** Thank you Mr. Chairman. Mr. Patry, thank you for meeting with us this morning.

Obviously, we have received a number of people to discuss health. There seems to be a general consensus that there is great need and that the initiatives that have been taken have been quite successful for the most part. It is becoming increasingly difficult to challenge what seems to be a success. However, certain aspects got our attention. As far as the work of the consortium is concerned, the issue of evaluation in particular has our attention.

You spoke of the formative evaluation, which gave you indications about the locations of the placements to encourage students to return to their home regions, which is quite nice. However, in my opinion, formative evaluation also has a role to test the education at issue to see whether it corresponds well to need and to make possible corrections to it.

I would like to know whether, during the course of the formative evaluation, you had to make changes to the education based on the needs of the various communities.

Furthermore, the evaluation itself seems to be posing problems in terms of the people involved in the evaluation. In other words, it is not an independent evaluation. For example, we saw in another file that the parameters were changed when evaluating people who spoke French. That made a difference. Is this true in your case? Does the fact that people involved in the case are in charge of the evaluation, namely Mr. LeBlanc and Mr. Bisson, have an impact on the results of the evaluation? I would like to know whether you intend to use the services of the same firm for the final evaluation.

● (0925)

**Mr. Gilles Patry:** First, I would like to clarify the following: Mr. LeBlanc and Mr. Bisson are not employed by the CNFS. They are independent consultants.

Mrs. Barbot, that which you are alluding to is in fact a personality conflict. The independence of the evaluators is not at issue here. I can assure you that these evaluators do not have the slightest link to the 10 institutions they evaluated.

No one likes to be criticized. To be subjected to a formative evaluation and therefore to be criticized is always difficult. As far as we are concerned, all our university programs are evaluated by peers and third parties alike. It is always difficult to be part of a critical evaluation by our peers. The purpose of the midterm evaluation was to do a critical assessment of what was going well and what was not going so well. I must admit that we were generally quite pleased with the quality of the evaluation.

What you are talking about is in fact a personality conflict to do with one of the evaluators. This conflict was brought to the attention of the executive committee and the board of directors and was resolved two weeks ago. It was decided that during the next phase, the firm would continue to do the evaluation. It is possible that the interlocutor will not be the same. We do not want to change the criteria, in other words, apply criteria that varies from one institution to the next. I think you would agree with the idea of maintaining some uniformity, of ensuring that funds are used well, and so forth. That was Health Canada's objective when it ordered a formative evaluation.

I must say I do not agree with you on the independence of the consultant. He was independent. His personality may have rubbed certain people in the network the wrong way, but this was brought to our attention. We will look at the issue and resolve it. Around the table, at CNFS, in Moncton and at the Collège universitaire de Saint-Boniface, people were quite satisfied. Some institutions had a slightly more difficult experience with the evaluator, but that is normal. That is part and parcel of a critical evaluation. For example, if the behaviour and role of this committee were examined, some might say it needs some improvement. That is what happened in this case. It is possible that certain personalities clashed too much. As I was saying, we will address this issue. Furthermore, it has already been brought before the board of directors. I think people will be quite pleased.

I think it is important to realize, Mrs. Barbot, that notwithstanding this personality conflict, CNFS's achievements far surpass the objectives that had been set. It is a model that works and works very well. True training partnerships were developed with the regions, the Collège universitaire de Saint-Boniface, the Acadian regions and the institutions of British Columbia. Some 10 institutions will work together to train nurses, physiotherapists, occupational therapists and even doctors, in the case of New Brunswick.

At the University of Ottawa, where I manage 34,000 students, I find this type of collaboration within the framework of the CNFS, but not in the rest of the university. I think we can be very proud of that. The Government of Canada can also be very proud of initiating this network of institutions, which benefits from partnership and collaboration. I find this quite extraordinary.

• (0930)

**The Chair:** Thank you Mrs. Barbot and Mr. Patry.

Mr. Godin now has the floor.

**Mr. Yvon Godin (Acadie—Bathurst, NDP):** Thank you Mr. Chairman.

Welcome Mr. Patry.

As far as the \$63 million over five years is concerned, I would like to know how the results are checked after the projects have been approved and the money distributed. What kind of follow-up is assured in terms of managing the projects and the money? Certainly it is not just a matter of a report given over the phone.

**Mr. Gilles Patry:** That is my heartfelt appeal to you.

**Mr. Yvon Godin:** We will take care of it.

**Mr. Gilles Patry:** We have to ensure the sustainability of this program. We cannot allow this program to end in 2008.

The program already has several students involved in it. Some students are taking this program this year—in medicine, nursing, in all disciplines—others will register for it next year. They will be in the middle of training. We have to ensure the sustainability of this program. It has to continue to expand and increase its capacity.

It would be disastrous if this program ended in 2008. We would be back at square one. I think it is essential that this program continues.

**Mr. Yvon Godin:** That is one of the problems.

Usually there are joint federal and provincial programs full of good ideas. There are programs, the federal government announces assistance, it implements these programs, but after three to five years, as planned, the government changes direction, says it did its part and that the establishment or institution must now do its part alone because the government is pulling out.

We have seen these types of projects implemented so often and at the end of the pilot project, the governments withdraw and leave people empty handed. People show up on a Friday wondering whether the funding needed to pay expenses and other things will arrive.

I understand your heartfelt appeal because this same thing happened again just a few weeks ago in some health programs. In the same week, the associations phoned us to say that they had not received their money from the government. They wondered if they would have to start laying people off on the Friday.

No one can work with such uncertainty.

**Mr. Gilles Patry:** That is why we worked together with Health Canada and made sure—perhaps there are some Health Canada representatives here—that this was a permanent program, that it was a program without end. That is the first point.

The second point is that we have to continue to develop this training capacity. We are at the beginning stages in terms of training health professionals in minority situations. Training in minority situations is a responsibility of the federal government. The federal government has a responsibility to help these communities.

I would like to describe the role the University of Ottawa has played in the first two phases of the CNFS project. This might change somewhat in the third phase, but during the first two phases, the role of the University of Ottawa was simply to train health professionals, not for Ontario, which is a province where the Francophonie is a minority and needs as much investment as the other provinces, but for the rest of the regions of Canada.

We helped train nurses at the Collège universitaire de Saint-Boniface. There is a program in cooperation with the college that allows courses to be given at the college itself. I would not ask the Government of Ontario to pay to train nurses at the Collège universitaire de Saint-Boniface through the University of Ottawa. It is the role of the federal government to support these Francophone minority communities.

**Mr. Yvon Godin:** Is there a lack of clientele? When I say clientele I mean those who want to become nurses or doctors. Are there enough people? Has the university done studies to determine roughly how many doctors New Brunswick needs? Three or four Francophone hospitals have just closed. How many doctors are needed to reopen these hospitals? The reason cited for the closure was a lack of doctors and nurses.

I know some men and women who wanted to become nurses, but there were no spots available. They want to go to college or university, but there is no room. It is not clientele that is lacking, because there are enough people who want to register. Has a study been done by the university for each province to get these people out of the hallways? As I was saying in the House last week, our grandfathers are in the hallways, children are in the hallways, and most of the time—

• (0935)

**Mr. Gilles Patry:** You are absolutely right, Mr. Godin. In fact, a few studies have been done.

In 2001, the Consultative Committee for French-Speaking Minority Communities established the grounds for an assessment of health needs. That is how Phase II came to be. The needs were so critical that the government truly supported this initiative.

You alluded to that which we are trying to address. Students want to study nursing in the regions and cannot be admitted to the programs. They cannot even travel because the capacity to accept them is not there. Even with additional resources, I could not accept 1,000 or 500 more students at the University of Ottawa next year, especially if I am training them to go back to New Brunswick. The capacity for training needs to be increased and that is the objective of the CNFS project.

**Mr. Yvon Godin:** I will speak to you again during the next round.

**The Chair:** Thank you Mr. Godin and Mr. Patry.

I call on Mr. Petit to ask the fourth question.

**Mr. Daniel Petit (Charlesbourg—Haute-Saint-Charles, CPC):** Thank you.

Good morning, Mr. President. First I want to thank you for being here. I read your curriculum vitae; it is quite impressive.

I would like to draw your attention to the following: you are a university president and you work in the private sector as far as I can tell, and you are a member of several boards of directors, including that of the Cardiology Institute at the University of Ottawa, the Ontario Research and Innovation Council, a centre of excellence of Ontario, and the National Research Council of Canada, which makes you a sort of expert in boards of directors.

You are also a University of Ottawa alumni—you are an Ottawa student—and you became the president, which is quite rare. At the Université Laval, in Quebec City, this does not happen often.

I myself have benefited or, at least, my children have benefited, in Alberta, from the education offered at the Collège Saint-Jean. The Collège Saint-Jean—as you know—is a Francophone institution. My children are Franco-Albertans, even though I am from Quebec. They attended this college, which is now associated with the Consortium national de formation en santé.

I know that as president you manage millions of dollars—among other things—and I know that the University of Ottawa is showing leadership within the Franco-Ontarian community. What I want to know is when you are allocated millions of dollars—and you know the Conservative Party has a tendency to focus on financial responsibility and that we still have not managed to pass our bill,

which is being held up in the Senate by the Liberals—what mechanisms allow you to ensure that the money invested—some millions of dollars—is managed effectively? I gave you examples that I have, but the rest I do not know.

**Mr. Gilles Patry:** Thank you Mr. Petit for this question.

If there is one thing the CNFS is very proud of it is its achievements. We were committed to training a certain number of students, and, as you could see in my presentation, we greatly surpassed this objective.

What I would like is perhaps to do another presentation for the government to say that if subsidies are linked to financial responsibility, then it owes us money. We have trained more students, in fact 30% to 40% more, than we set out to do. There is a responsibility—and I totally agree with this concept within universities—to ensure that the money received from the federal government, which comes from taxpayers, is well spent and that we can present concrete projects in return for the money we are given.

That is why we proceeded with this evaluation exercise midway through Phase II of the health research and training project. I must say that out of a number of our projects that received provincial or federal funding, this is perhaps the only one that does not get questioned about its success and accomplishments.

The member institutions of the consortium reached individual contribution agreements and that is important. Each institution reached a contribution agreement with the Department of Health. The University of Ottawa committed to training a certain number of health professionals, doctors, nurses, physiotherapists and occupational therapists to serve linguistic minority regions. This commitment is included in a contract signed with Health Canada.

The Université de Moncton, the Collège Saint-Jean, the Collège universitaire de Saint-Boniface, the Cité collégiale, Boreal College and Laurentian University all did the same thing: they all signed contribution agreements. Each of these institutions signed a contribution agreement with Health Canada, which includes a direct responsibility. Each institution has a responsibility to Health Canada. If this works well, Health Canada will cut us a cheque; if it does not work well, Health Canada will sound the alarm and tell us that something is not working or that it does not entirely understand what we are doing.

I can tell you that this approach works quite well. As they say, I'm all for accountability. I totally agree with this concept of responsibility found much more in the private sector, but with which universities also agree and can very well adapt to.

• (0940)

**The Chair:** Thank you Mr. Petit and Mr. Patry.

Mr. Jean-Claude D'Amours now has the floor.

**Mr. Jean-Claude D'Amours (Madawaska—Restigouche, Lib.):** Thank you Mr. Chairman.

Mr. Patry, I will first address some of the comments you just made.

The accountability process you refer to does not date to 2006. It was underway well before that. It was the work of the previous government that made sure these rules were applied. Furthermore, I am pleased to hear you say that the system is working very well.

I would also like to mention this. We want to make sure that health training services are available. I too am from New Brunswick. In fact, three hon. members on this side are. It is quite pleasant. We understand full well the reality of official language minority communities living in small rural communities. In Edmunston, my home town, there is a Université de Moncton campus. It has a section dedicated specifically to nursing training.

As far as I can tell, you did more with less. You offered more training than planned with the money you received, which is very good. The fact remains that in our rural communities it is still very difficult to meet the minimum needs in manpower. In reality, we are talking more about maintaining manpower. The entire baby boomer effect will catch up with us shortly. Many members of my family, for example, work in health care. Not too long from now, the health care situation will become shaky.

It is good to train people, but are we able to train enough? If you tell me we could train more, that means the federal government should keep its promises and commit more funding to postsecondary education. Perhaps then we would manage to make up for the shortfall that is just around the corner.

**Mr. Gilles Patry:** You have before you a university president. I am not going to tell you that federal transfers would not be welcome. I think that in the provinces, the need is critical in terms of postsecondary training. Obviously these transfers would quite welcome.

To come back to your question on health training, I would say that this bill allows you to kill two birds with one stone. We are talking here about training health professionals. We know that in almost all health disciplines need is critical. At the CNFS, we have made a special effort to target front-line services. When a person is sick, they are sick in their language. I am quite fluent in English and French; I am bilingual. Nevertheless, a number of years ago, when I ended up in an emergency room where services were available in English, I was unable to express myself in that language even though I am quite fluent in it.

As I was saying, this allows you to kill two birds with one stone: first, we will be able to train more professionals for Canada and also we will be able to train them to serve Francophone minority communities. Everyone wins in this situation. There is no need to question the validity of this project. I think that the accommodation capacity of our institutions will be sufficient if we encourage them to work together.

We do not want to set up a program in medicine at the Collège universitaire de Saint-Boniface. Similarly, we do not necessarily want to create a physiotherapy program at the Collège Saint-Jean. What we want is to work in partnership with these institutions. It may be that some of them are equipped and able to provide distance education. I have not talked about that aspect, but, in fact, distance education is one of the main objectives of the consortium.

It is a matter of distributing courses across Canada through videoconferencing. In the framework of the Association des universités de la francophonie canadienne, or AUFC, in other words all Francophone universities outside Quebec, the University of Ottawa is the bridge to serving 90 sites across the country through videoconferences. This project has been funded by the federal government, by Heritage Canada, over the years. It is another project of which you can be very proud. It allows us to come into contact with all the regions, including Nunavut and the territories.

I think that by investing in this project, we will allow the training capacity of the regions to continue to expand and for partnerships to be established with these communities. In my opinion, everyone wins.

• (0945)

**The Chair:** Thank you Mr. Patry and Mr. D'Amours.

Mr. Lemieux will ask the next question. You have seven minutes.

**Mr. Pierre Lemieux (Glengarry—Prescott—Russell, CPC):** Good morning. Thank you for coming.

As far as the CNFS is concerned, the results you presented are positive in many ways. This message was also delivered last week by Mrs. Lortie from La Cité collégiale. As a member of Parliament, I am truly pleased that our government is involved in the CNFS and that federal funding is directly helping to train health professionals.

You spoke of significant challenges. You also said you needed to begin the next phase in order to overcome these challenges, but you were not very specific. Could you specify what these challenges or other priorities are and what you intend to do to overcome them?

**Mr. Gilles Patry:** Thank you Mr. Lemieux for asking this excellent question. This is an important question at this stage of the project.

Phase II of the project extends from 2003 to 2008. You might think that 2008 is in two years, but that is not so. April 2008 is in a few months. We absolutely must get a sign from the government in the coming months to know where we are going at the CNFS.

The 10 member institutions of the CNFS have already committed funding and accepted students, who are now in the middle of training, and that will continue. That is why we see this as an essentially permanent Health Canada program.

Phase I of the CNFS went from 1999 to 2003 and Phase II goes from 2003 to 2008. Phase III has different objectives. The first objective is to continue training and to expand on the training capacity of the existing programs, to evaluate these programs and to refocus our target, if necessary, to make it right. We can target and expand the training of front-line health professionals, those who interact directly with patients. It is at this level that the issue of language is so important. We have to train surgeons, but when a person is asleep, they do not necessarily have direct contact with the surgeon. We have to target front-line professionals: family medicine, nursing, physiotherapy, occupational therapy and so forth.

It is important to get a quick sign from the government for Phase III because there are other aspects. The second aspect we might have to improve is professional training. A number of Francophones in minority regions, for example nurses or doctors, who were trained within the framework of the CNFS 5, 10 or 15 years ago now want to upgrade their training and have professional training. What will they do?

In a minority situation, people are trained in English for upgraded and professional training. What we want to do during the course of Phase III is offer these people additional, professional and upgraded training.

Another very important aspect that also targets federal government priorities is the issue of new immigrants. We have to be able to welcome and monitor throughout the process new immigrants who already have training in health care. If they receive nursing training in a country other than Canada and the professional orders do not recognize them directly, we have to be able to give them complementary training to make them active as soon as possible in their Francophone minority area. This objective is part of Phase III, but we are already working on it in Phase II. We would like year end funding to contribute to better launching this initiative.

• (0950)

**The Chair:** Mr. Patry I am afraid that your time is already up.

I call on Mrs. Barbot to ask the next question.

**Mrs. Vivian Barbot:** I would simply like to come back to what you said previously on the evaluation by Mr. LeBlanc and Mr. Bisson. According to our information, these men were management consultants for agencies close to the CNFS. There is no need to come back to the matter, but I simply wanted to point that out.

I totally agree with the objectives you are pursuing. I think the program must continue because it is only in the long term that we will be able to correct, in a permanent manner, a situation that is quite dramatic for Francophones outside Quebec. However, I have the following question. Health is a provincial jurisdiction. Does having these programs, which bring about a surplus of students, not end up relieving provincial governments from their responsibilities for training their Francophone citizens? In other words, have you made a link between the number of students you would have trained in French in the beginning to the portion that has been added? Is there not a shift in this sense?

**Mr. Gilles Patry:** That is an excellent question that we get quite regularly. I have a two-part answer to that question. I will give you the example of the University of Ottawa, which is an institution that represents many.

I think it would be difficult to ask the provincial Government of Ontario to train nurses, doctors, occupational therapists or physiotherapists to meet the needs of Alberta, British Columbia, Saskatchewan, Manitoba or New Brunswick. I would have a hard time approaching the Minister, Mr. Bentley, to ask him to grant \$2 million to the University of Ottawa to help train minority Francophones in Alberta and New Brunswick. I would have a hard time doing that. I think this is entirely the responsibility of the federal government.

• (0955)

**Mrs. Vivian Barbot:** I do not have a problem with what you just said, but what about the Franco-Ontarian students?

**Mr. Gilles Patry:** The University of Ottawa, during the first two phases of the CNFS project, did not accept any Franco-Ontarian students because it received limited funding directly from the Ministry of Training, Colleges and Universities for its programs to meet Ontario's needs. I can assure you of that. This was already planned by the University of Ottawa

However, I told you that in the third phase, this might be slightly different. We would like to increase this capacity and test the models to ensure that our Franco-Ontarians, who come to the University of Ottawa within the framework of the CNFS through Windsor, the Niagara region, Toronto, etc., can go back to their home region. I would like to come back to our immersion program later because it is also quite interesting. In the case of a Franco-Ontarian studying at the University of Ottawa, but not within the framework of the CNFS, no effort is made to organize training placements for that student in Windsor, northern Ontario or in Niagara. Nonetheless, I think that the federal government has a duty to serve all these minority communities, to fund the University of Ottawa, the Cité collégiale, the Boreal College, these four member institutions of the CNFS, so that we can make an additional effort to encourage these students to go back to their home region. That is where the CNFS plays an important role. In this context, this becomes a federal responsibility.

**The Chair:** Time flies when we are talking about interesting things.

Mr. Godin, you have the floor.

**Mr. Yvon Godin:** Thank you Mr. Chairman. I will try to keep the debate interesting to make time fly.

Let us look at the New Brunswick example. The province decided to pay to allow a certain number of people to take a program in medicine. How many people are required to take the initiative to come here? I know someone who had been wanting to go to university for years. He tried at Sherbrooke, but there was no room. Finally he found a spot in Ottawa. What can you do? If he became a citizen of Ontario to get in, will he be sent back to our region?

**Mr. Gilles Patry:** That is an excellent question.

**Mr. Yvon Godin:** It is an excellent question, but quite the problem.

**Mr. Gilles Patry:** You raised two points. The first had to do with student recruitment. How do we inform students about the CNFS and how do we facilitate their acceptance in the 10 CNFS institutions?

Training and recruitment are two of the four pillars of the CNFS, which does a lot of recruitment work. I am very pleased that you gave me the example of this student of medicine who attended the University of Ottawa, because last night—

**Mr. Yvon Godin:** Excuse me, but he lost a few years to get to that point.

**Mr. Gilles Patry:** Yes, but at least he found a spot somewhere.

Last night I went to the CNFS Web site just for fun because I knew you would ask me difficult questions. I asked myself the following question: if I were a student somewhere in Canada, how could find a place in an educational institution?

The CNFS Web site lists all the health professions and allows students to access the programs directly. It has special page for CNFS students. When someone decides to apply to the medicine program at the University of Ottawa, for example, or nursing at the Collège universitaire de Saint-Boniface, they go through a special CNFS process. Their application is flagged and receives preferential review within the framework of the CNFS. Our institutions reserve spots for CNFS students.

I will now answer your second question. We try to allow our students of medicine to do four weeks of rotations at a hospital in their home region. The result is not always guaranteed, but that is what we always try to do. We pay for their travel and accommodation expenses when they do not stay with their family or another person. The CNFS covers these additional costs in order to encourage them to go to the Moncton hospital, for example, or to another hospital.

• (1000)

**Mr. Yvon Godin:** It just closed.

**Mr. Gilles Patry:** That is a bad example. They can go to a regional hospital and go back— The student makes their own contacts. The Société Santé en français has a responsibility as far as the acceptance of these students is concerned, but the hospitals also have a responsibility.

Mr. Murphy spoke of the importance of ensuring that these people get gainful employment. The regions have to be competitive and tell newly trained doctors that if they come back to their home region they will receive such and such advantage.

In order to retain these students in the regions, the CNFS has even considered an assistance program—and the government could consider this route—for graduates who return to their home region. Under this program, we could, for example, relieve part or all of their student debt if they spend five years or more in the region.

We know full well that when students go back to their region, they are at an age when they want to get married and settle down. They become less mobile and they stay in the regions. I think that the regions also have an interest and a responsibility in this.

**The Chair:** Thank you Mr. Patry. That was very interesting, but time is up already.

We will start the third round with Mr. D'Amours.

**Mr. Jean-Claude D'Amours:** Thank you Mr. Chairman.

I will pursue the earlier discussion a little, but by addressing another aspect. One of the campuses in my riding, the New Brunswick Community College in Campbellton, now offers—last year I announced the official opening of the centre and it is mentioned in the one of the documents—a radiology techniques program, among others. This was a first in New Brunswick, and what is more, it was in a Francophone area. I lift my hat to my predecessor, who worked very hard to achieve this project. These are

concrete examples of how we can find the means on the campuses, at a university or at a community college, to train people in health care.

You made a comment earlier, Mr. Patry that I would like to come back to. It was about funding or the financing agreement that ends in 2008. As you said so well: 2008 is around the corner. We do not need to wait until 2008 to start talking about how we can improve things or about plans for the future. Official language minority communities are turning to the future and not the past, as the Minister responsible for La Francophonie and Official Languages said a few weeks ago.

Mr. Patry, I would like to know where things stand on the discussions with the federal government for renewing this agreement. I know there are members of the government sitting across from us, but do you feel there is a will to resolve this quickly without having to wait until 2008?

**Mr. Gilles Patry:** Firstly, we are already preparing the document. The document for Phase II is taking shape; it is already ready. To give you an idea of our sense of responsibility, I would say to you that all the institutions have each prepared a document. We are in the process of putting one document together. We will send three independent CNFS experts—I am coming back to this concept of CNFS's independence—specialists in health, who will evaluate our document in a critical manner. Not everyone will be pleased with the results and subsequent recommendations, but we want to make sure we have a document that will be ready to be submitted to the government as early as April or March 2007. This document is ready. We are just putting the finishing touches on it.

You spoke earlier about new programs and the Campbellton campus. I will give you an example of a new program we are currently reviewing, but we are not sure it will be included in Phase III. My colleague, the President of the Université de Moncton, Yvon Fontaine, and myself, are looking at the possibility of offering a joint program of study in pharmacy in French. Such a program does not exist where you come from nor in Ontario either. What we currently have to do is buy spots for our students in universities in Quebec. We are looking at the possibility of implementing this program during Phase III. For now this project is still not part of Phase III because it is very expensive. But two major educational institutions have agreed to work together on an innovative project to offer a joint Ottawa-Moncton program in pharmacy in French. We are looking into this and we will see what happens.

• (1005)

**Mr. Jean-Claude D'Amours:** Mr. Patry, you said it is very expensive. I agree. That is always the problem in remote regions, but at the end of the day, this would allow more of our students living in minority communities, in rural regions, to study in their own region and then work there. This is one of our major difficulties: young people leave home to study in major cities and then the challenge is to bring them back home.

**Mr. Gilles Patry:** Absolutely.

**Mr. Jean-Claude D'Amours:** If we are able to give them the necessary tools, the necessary training in the rural regions, especially in their language, they are much more encouraged to stay. There have been a number of discussions in the past few weeks with different people from the health profession and the number one challenge is still to figure out how to attract health professionals to the rural regions and then the second challenge is how to keep them there. It is always a challenge.

**Mr. Gilles Patry:** And that, as I was saying, is at the very heart of the CNFS mission. I hope to be able to answer your question quickly. It is not that we want to establish faculties of medicine everywhere. I do not want to give that impression. However, this is the solution CNFS proposes: yes, we can perhaps enroll students in Moncton or at the University of Ottawa, but then we should be able to ensure that placements, that are important and lengthy, are done in the regions and that there are summer jobs available. In my opinion, this would be a winning solution. The goal is not to implement programs in small communities, even if each community would like to have its own faculty of medicine or faculty of health sciences, but to equip these regions and then send students back to clinical settings —

**The Chair:** Excuse me, Mr. Patry, time has run out.

Mrs. Barbot will ask the next question.

**Mrs. Vivian Barbot:** I would like to hear you say a few words about any bias there might be in this training. I spoke to you earlier about shifting responsibilities between the provincial and federal governments. Your response was quite convincing.

You also talked about programs delivered by videoconferencing, for example. We know full well that not every student can learn that way. Have you thought about that? Even if this training is offered, we have to make sure there is access to more traditional training.

Furthermore, you spoke of retaining students in or having them come back to their home regions. This is a major problem that a number of provinces, Quebec in particular, have difficulty resolving.

Do you not think that something in favour of these students could come from education? This could be a type of social training to help them become aware of their impact when they leave their home region.

Sometimes I have the impression, having been an immigrant myself once, that what is missing is not the means to practice in the home region; it is more than that. Beyond that, it is a form of social citizenship that would make these students feel a bit responsible. Has there been any such dialogue within the framework of this program?

• (1010)

**Mr. Gilles Patry:** As far as your first question is concerned, on the nature of the training, I would say we have a network of distance education, funded by the federal government, with AUFC institutions, representing 90 sites across Canada. It is quite extraordinary. This is done not just in the universities, as you can imagine, but also in secondary schools. We manage this network. This videoconferencing bridge is run by the University of Ottawa. This method of teaching is a source of great pride for Canada.

You talked about methods of teaching and the fact that not necessarily all students are able to adapt to this method. In the

framework of the CNFS, only a small fraction of the teaching is provided by videoconferencing. For example, we offer a nursing course that will be received by two or three network sites that the students attend. There is a tutor at the other end, an assistant, who helps these students.

I will give you the example of the Collège universitaire de Saint-Boniface and the University of Ottawa. I am talking about what I know. The fourth year of nursing is given at the Collège universitaire de Saint-Boniface, but it is a University of Ottawa program. In other words, the University of Ottawa has a campus at the Collège universitaire de Saint-Boniface where local professors are hired who are supervised by professors from the University of Ottawa, and where I send our professors to teach for five or six weeks or more. This is a way of providing education there. Sometimes we bring the students here. All this is value added to the CNFS.

You asked a difficult question. We are trying to make CNFS students aware not of their obligation, but of their duty to return. Nonetheless, we do not want to make them feel guilty. We do not want to limit these students to their region. It is a delicate situation. The best way to achieve this goal without making them feel guilty is to offer them employment possibilities, clinical placements and work in community hospitals and settings.

That is where CNFS money, in the third phase, becomes increasingly important. It is a way of ensuring a very warm welcome in the regions. If they are not welcoming, if they do not offer a competitive salary, if they are unable to say there will be a signing bonus or that half or a quarter of the student debt will be relieved—

These people want to start their career on the right foot. The colleges and universities involved in this consortium have a responsibility in this sense, but the regions and the hospitals do as well. I have to add that often students do not return to their region because they are not welcomed.

**The Chair:** Excuse me again, Mr. Patry, but time flies. Five minutes went by quite quickly.

We will now ask Mrs. Boucher to ask the next question.

**Mrs. Sylvie Boucher (Beauport—Limoilou, CPC):** Good morning Mr. Patry. I find the image you have painted to be quite interesting. I think it has enlightened us as a government, or as a committee. Given that our government looks ahead, it wants to focus on the future as much as possible, as Mrs. Verner said so well.

Based on what I have read in the annual report and what you said here, I find that training in health has several challenges to deal with at the same time, among others retaining professors and the situation with graduates from Francophone and Acadian communities.

I would like you to tell me, based on your own experience, which of the consortium's plans or policies would best help deal with these challenges.

• (1015)

**Mr. Gilles Patry:** Are you speaking specifically about retention?

**Mrs. Sylvie Boucher:** Mostly about the situation of the graduates from Francophone and Acadian communities, but also retaining professors.

**Mr. Gilles Patry:** I read in the paper just this morning that I have lost one of my best researchers, a professor at one of the universities in Alberta. I do not think we can retain everyone. We cannot tie people down, but I feel it is our responsibility as an organization to ensure the best possible environment.

I would like to get back to the CNFS and retaining students in our communities. The CNFS is about teaching, training and research institutions, not clinical environments. That is why we need to work very closely with Société Santé en français, hospitals and communities. With respect to the latter, we know that prevention is often the best way to keep people healthy.

We have to improve our networking and ensure that clinical placements are more competitive and more interesting than they have been up to now. Of course, as I said earlier in my very long speech, we exceeded our goal by 100%. That means that 1,400 new students enrolled and that we had about 200 clinical placements. Now we have to increase the number of clinical placements. Obviously, not all first year students do a clinical placement. Whether they do or not, our students need money. What I would like to see is summer placements happening not just in Ottawa or at Laurentian University, but also in the regions these students come from. We should make it easier for these young people to work in their home regions.

Communities are much more numerous and more spread out in the network. That makes it much more difficult to reach each one separately. That is our biggest challenge right now. It is easier to reach hospitals.

We also have to consider students' ability to move from province to province. A nurse or an occupational therapist trained in one province might want to go work in a minority language community in another province. That means we have to make sure that a nurse trained in Ottawa, for example, can have access to that kind of mobility. This is not a problem in nursing, but in occupational and physical therapy, among others, there are interprovincial restrictions. We have to deal with these constraints.

These are the kinds of issues the CNFS is focusing on. I have to say that things are going relatively well. The CNFS is not just about university rectors; it is about a group of professionals who belong to institutions and who work together every day. We are talking about hundreds of people.

Retaining professors is also becoming a challenge. Our professors want to teach, but they also want to do research, so they are trying to network. We developed a network of researchers, which makes it easier to retain professors in our institutions. The CNFS does not fund research, but it funds collaboration. I think that networking is one of the best ways to ensure that Moncton researchers stay in Moncton, Laurentian University researchers stay where they are, and Collège Saint-Jean researchers stay where they are.

• (1020)

**The Chair:** Thank you, Mr. Patry.

Mr. Godin will ask the last question.

**Mr. Yvon Godin:** Thank you, Mr. Chair.

Government spokespeople say they are future-oriented. Is the CNFS concerned about the future of the organization? I say "organization" because it includes professors and other people. You say it is a success and that the organization has reached its goals.

The current government cut funding for the court challenges program, a program that exceeded its objectives for francophones. The goals for status of women were never reached. There is still work to be done since we cannot yet say that men and women are equal in our country. In the case of literacy, the situation is a little shameful—even embarrassing. Approximately 62% of francophones in New Brunswick are illiterate. That is bad news. Again, these are francophones. Funding for the students' program was cut in half and programs for students in the international sector were also cut, and you are talking about the future, the challenge and your concerns.

**Mr. Gilles Patry:** I have a two-part answer. First, am I concerned? I should not be concerned because I have worked on several federal government-funded projects over the past few years, so I feel qualified to say that the CNFS is one of the most successful of those projects. The CNFS speaks for itself and I have no reason to be concerned. I think its funding should be secure for a good long time.

Am I concerned? I do not know. I cannot say right now that we have received any positive signals. We have not received any signals at all, although we are definitely looking for them. That is clear and that is why we are taking action. We came here to make all political parties aware of the CNFS's success and to make sure you are aware of and understand our important achievements. Training is what we do.

I said a little earlier that you are killing two birds with one stone. First, you are trying to solve a critical problem in Canada: training health professionals. Second, you are trying to solve problems for francophones in minority communities.

Today we are talking about the French situation, but there is a similar anglophone situation. The CNFS does health training in French. Am I concerned? I am cautiously optimistic, but I think we need to build more awareness—

**Mr. Yvon Godin:** Look toward the future, right?

**Mr. Gilles Patry:** We have to make everyone more aware. We have to make all of the parties more aware. You all have a responsibility to make this project happen.

So I hope there will be no hesitation and that we will get the funding we ask for. You have not asked me—

**Mr. Yvon Godin:** How much will you be asking for?

**Mr. Gilles Patry:** The CNFS is now in its fifth year. Just to fulfill our existing commitments, we need about \$85 million. We will probably submit a proposal for about \$125 million to \$130 million over five years. I think that amount is fully justifiable. We intend to submit the proposal with much interest and enthusiasm sometime in March or April 2007.

●(1025)

Thank you.

**The Chair:** Thank you, Mr. Patry and Mr. Godin.

Thank you for coming here today. I think we have heard a lot of very important information. We will suspend the sitting for two minutes and resume *in camera*.

[*Proceedings continue in camera*]

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