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Recruitment and Retention of Bilingual Human Resources in the Healthcare Sector

A research report presented to the

Réseau Santé
en français Î.-P.-É.

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Note to the reader

The following abbreviations are used to lighten the text.

AFMC	Association of Faculties of Medicine in Canada
CNFS	Consortium national de formation en santé
CPSA	College of Physicians and Surgeons of Alberta
FTE	Full-time equivalent
HSO	Health Standards Organization
LPN	Licensed Practical Nurse
MOHLTC	Ministry of Health and Long-Term Care (Ontario)
NADC	Northern Alberta Development Council
NOSM	Northern Ontario School of Medicine University
NP	Nurse Practitioner
NRRF	Nurses Recruitment and Retention Fund
NSHA	Nova Scotia Health Authority
OHPR	Office of Healthcare Professionals Recruitment (Nova Scotia)
OMA	Ontario Medical Association
PCN	Primary Care Networks (British Columbia)
PHSA	Provincial Health Services Authority (British Columbia)
RHA	Regional health authority (Newfoundland and Labrador)
RN	Registered Nurse/infirmière autorisée
RNIP	Rural and Northern Immigration Pilot
SSF	Société Santé en français
UAP	Underserviced Area Plan (Ontario)
UPSE	Union of Public Sector Employees (Prince Edward Island)

Summary

1. Background

Francophone minority communities must contend with language barriers in the healthcare system, which can undermine their access to and quality of care.

Provincial and territorial governments have adopted legislation and policies on French-language services to address this challenge. In addition to encouraging government departments and agencies to provide and coordinate services in French, some of these laws and policies specifically cover or directly impact the provision of French-language services in the healthcare sector.

Most provincial and territorial governments designate bilingual positions within their public services or government agencies. A number of these designated bilingual positions are in the healthcare sector.

CAN/HSO 11012:2018 (R2022):2022 – *Access to Health and Social Services in Official Languages* is a Health Standards Organization (HSO) standard that aims to improve health and social services across the continuum of care for Canada's official language communities.

Government commitment, legislation on French-language services, progress in staffing designated bilingual positions, and HSO standards tailored to minority settings all help support the provision of French-language services in the healthcare sector. However, the ability to provide French-language healthcare services also hinges on being able to recruit enough qualified bilingual providers to meet overall needs.

2. Mandate and methodology

The consultant's mandate is to investigate best practices to promote the recruitment and retention of bilingual human resources in the healthcare sector. These best practices, which include financial and non-financial incentives, were identified from interviews carried out in each province and territory.

3. Planning and managing bilingual human resources

Government departments and health authorities do not necessarily take the needs of

Francophones into account when developing their strategies, activities and work plans. They also do not consistently plan services that meet their needs, despite being required to do so.

4. Identifying French-speaking clients and patients

Identifying French-speaking patients is essential to effectively providing French-language services. Patients need to be asked whether they prefer services in French upon being admitted to a health centre or healthcare institution. While patients are free to request French-language services on their own, it remains necessary to keep raising awareness about the importance of identifying Francophone clients.

5. Financial incentives

There appears to be a consensus on the need and merit of using financial incentives in strategies for recruiting healthcare providers, whether for positions in urban, rural or remote communities. However, incentive amounts must be significant if they are to have an actual impact on bilingual staff recruitment and retention. These incentives should also be well targeted and require a clear commitment from would-be recipients. Bilingual bonuses are fairly uncommon in the healthcare sector, save for a few rare exceptions.

6. In-school outreach

High-schoolers in French-language schools or French immersion programs should be made aware of the vast career opportunities available in the healthcare sector. Interested students must also be informed of the vital role that French-language services play in ensuring patients have access to quality care. After these visits, it will be important to stay in touch with students enrolled in post-secondary health programs, especially if they attend an English-language institution.

7. Partnering with post-secondary institutions

There are many avenues for collaboration with post-secondary institutions. Establishments in certain provinces and territories do not offer a comprehensive range of health programs in French outside of the most common professions. However, some professional programs reserve seats for French-speaking students who live in those parts of the country.

It is critically important to identify and establish contact with native and non-native French-speaking students who are enrolled in health programs at English-language post-secondary institutions in order to encourage them to practice in French-language minority settings.

Many scholarships are open to students in a range of health professions. Offering practicums in minority communities is an effective way to subsequently recruit healthcare providers who can provide services in French.

8. Health care professionals with French as a second language

A large number of healthcare professionals and support staff across the provinces and territories seem to be able to provide French-language services. Many of them are non-native speakers who attended a French immersion program in school. Providing them with active offer training and activities to help them overcome their linguistic insecurity are best practices that can help broaden the range of services offered in French.

9. Professional bodies

Ongoing efforts are needed to raise awareness among national, provincial and territorial professional bodies of the vital role that French-language services play in ensuring quality care and patient safety.

10. International recruitment

French-speaking healthcare providers from abroad should be informed of professional bodies' requirements for recognizing credentials and skills, ideally before they arrive in Canada, to ensure that they can avoid facing near insurmountable obstacles before they can practice on Canadian soil. Speaking English may be an additional hurdle for some. Immigrating healthcare providers will require support and guidance from organizations that serve newcomers.

11. Workforce strategy

Commitment from senior management, managers and healthcare providers in general is needed to improve services delivered in French and promote a broader active offer of French-language services. It is also necessary to identify providers and employees who are able to provide services in French. Efforts must also be made to help patients better

navigate French-language services within the healthcare system. Improving the coordination of these services is key to ensuring a continuum of care in French.

Providers who can provide services in French quickly become overwhelmed and often prefer not to be identified as bilingual employees. A holistic approach must be taken to ensure that bilingual employees are treated fairly and recognized for their true value. Financial and non-financial incentives should be included in this approach. A concrete example of non-financial incentives could be extra time off.

The issue of French-language services should be included in collective agreements, as it complicates factors such as seniority. If possible, it is crucial to participate in negotiations between the government and union representatives from various health professions and make recommendations to both parties. Adding provisions regarding French-language services, including financial and non-financial incentives, to collective agreements would make it easier to offer French-language services.

12. Community and partner involvement

Engaging diverse partners is essential to ensuring a broader range of French-language services. It is also important to make communities, especially rural and remote communities, appealing to bilingual healthcare providers and their families. Efforts to make these communities more attractive, such as municipal housing incentives, visits to local businesses to explore job opportunities for providers' partners and visits to schools and daycares, must be conducted, coordinated and included in an action plan.

13. Data collection: impact of actions and new models

Data will need to be collected and analyzed to assess the impact of proposed actions and develop a long-term forecast of bilingual human resource needs. We need to know more about vulnerable groups (such as seniors and patients with mental health issues) in the Francophone population.

Conclusion

Stakeholders in Prince Edward Island must continue to recruit healthcare staff from elsewhere in the country and abroad to fill vacant positions. However, given that the labour shortage is being felt everywhere, we believe that focus should be placed primarily on the language skills of currently practicing healthcare providers and future graduates.

Many healthcare providers and support staff can speak French. These bilingual individuals need to be identified, informed, supported, recognized and acknowledged.

1. Background

Francophone minority communities must contend with language barriers in the healthcare system, which can undermine their access to and quality of care.

Service providers seem to be increasingly aware of the importance of providing French-language services to their Francophone patients. A simple “bonjour” from a service provider who is otherwise unable to deliver services in French helps French-speaking patients feel more at ease, making it easier for them to continue interacting with the provider in their second language. The fact remains that French-speaking patients have a legitimate right to obtain services that are entirely in French, beyond routine greetings.

The eQUITY Link initiative, led by the Société Santé en français (SSF) along with its partners, supports service providers and managers in providing healthcare, social and community services in French on a permanent basis. This national initiative can be adapted to various parts of the country and delivers a host of resources through the eQUITY Link Learning Platform, which contains all sorts of information, including a policy guide to support French-language services, active offer training modules, modules on adopting a collaborative approach to increase access to French-language services, and a guide for attracting and retaining a bilingual workforce.[1]

eQUITY Link and many other healthcare initiatives are part of a broader strategy to recognize French-language services and acknowledge the important role they play in enhancing the vitality of Francophone minority communities in Canada.

[1] Société Santé en français (SSF) is a national organization that supports the work of 16 regional, provincial and territorial French-Language health networks. The SSF’s mission is to promote the development of French-language health services for Francophone and Acadian minority communities in Canada. https://equity-link.ca/en/courses/

1.1 French-language services and government commitment

Provincial and territorial governments in Canada have adopted legislation and policies on French-language services to address this challenge.[2] In addition to encouraging government departments and agencies to provide and coordinate services in French,[3] some of these laws and policies specifically cover or directly impact the provision of French-language services in the healthcare sector. Here are a few examples.

The *Act Recognizing the Equality of the Two Official Linguistic Communities in New Brunswick* ensures protection of the equality of status and the equal rights and privileges of the official language communities and, in particular, their right to distinct institutions.[4] The Act's provisions promote the provision and management of French-language healthcare services in New Brunswick.

The *Ontario French Language Services Act* was updated to cover active offer,[5] and an active offer regulation was enacted. Under this legal framework, health service providers in designated areas, including in all public agencies across the provincial government, are required to make an active offer of French-language services. The legislation facilitates efforts made by French-language health networks and French-language health planning entities to promote an active offer of services.[6] These networks and entities support service providers in meeting their duty to provide French-language services.

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[2] British Columbia Francophone Federation. (2024). *La politique des services en français en Colombie-Britannique, objectifs et impacts [British Columbia French-language services policy, goals and impacts].* https://www.ffcb.ca/politique-des-services-en-francais-en-c-b/

[3] For example, three out of four Northwest Territories regions have French-language services coordinators. There is also a French-language services coordinator at Stanton Territorial Hospital in Yellowknife.
The Bureau d'interprétariat et d'accompagnement [Office of interpretation and support] (BIA), overseen by the Fédération des francophones de Terre-Neuve et du Labrador [Francophone Federation of Newfoundland and Labrador] (FFTNL), provides French-language services to St. Clare's Mercy Hospital and the Health Sciences Centre in Saint John's to meet the need of patients from the islands of Saint-Pierre-et-Miquelon. It should be noted that these services were made possible through an agreement with Saint-Pierre-et-Miquelon's Caisse de Prévoyance Sociale [Welfare fund] (CPS). Source: Caisse de Prévoyance Sociale. http://www.secuspm.com/

[4] *An Act Recognizing the Equality of the Two Official Linguistic Communities in New Brunswick*, RSNB 2011, c 198. https://www.canlii.org/en/nb/laws/stat/rsnb-2011-c-198/latest/rsnb-2011-c-198.html

[5] *Ontario French Language Services Act*, R.S.O. 1990, c. F.32. https://www.ontario.ca/laws/statute/90f32

[6] https://entite4.ca/en/frequently-asked-questions/frequently-asked-questions/

The Francophone Community Enhancement and Support Act focuses on the enhancement of Manitoba's minority community.[7] The Act appears to ensure that government policies and actions in the health sector take greater account of the needs of the Francophone community.

The Yukon *2023–2025 Strategic framework for French-language services*,[8] primarily informed by the *Yukon Languages Act*,[9] aims to increase access to timely emergency services and primary care in French.

The federal government's commitment to improving the provision of French-language services in minority communities should be commended, specifically for its funding of the SSF,[10] French-language health networks in minority communities across Canada and the Consortium national de formation en santé (CNFS).[11]

The bilateral health agreements between the federal government and provincial and territorial governments provide for additional funding to provinces and territories that commit to developing strategies and actions that support the provision of French-language services.[12]

The agreement between the federal government and the Government of Alberta, for example, includes guidelines for providing services to remote communities, Indigenous communities and official language communities. Under this agreement, funds will be

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[7] *The Francophone Community Enhancement and Support Act,* CCSM c F157.
https://www.canlii.org/en/mb/laws/stat/ccsm-c-f157/latest/ccsm-c-f157.html
[8] Government of Yukon. *2023-2025 Strategic framework for French-language services.*
https://yukon.ca/en/2023-25-strategic-framework-french-language-services
[9] *Yukon Languages Ac*t. RSY 2002, c 133.
https://laws.yukon.ca/cms/images/LEGISLATION/acts/languages.pdf
[10] https://www.santefrancais.ca/en/
[11] The CNFS is composed of post-secondary training institutions that deliver French-language programs in various health-related disciplines. The CNFS aims to improve access to quality French-language healthcare services for Francophone minority communities. It does so by providing post-secondary training to French-speaking health professionals and supporting health-related research focused on such training and the needs of these communities.
https://www.cnfs.ca/en-savoir-plus-en
[12] Health Canada. https://www.canada.ca/en/health-canada.html

distributed over the next three years to finance various initiatives for Alberta's Francophone community.[13]

The examples above illustrate the federal government's key role in promoting the provision of French-language healthcare services throughout Canada.

1.2 Bilingual designation

The Federal Public Service has designated some positions as bilingual so that the Canadian population can be served in the official language of their choice and that the work environment in bilingual regions is conducive to the use of both official languages. The Public Service Commission supports departments and agencies in staffing these positions.[14]

Most provincial and territorial governments designate bilingual positions within their public services or government agencies. For instance, the Government of Prince Edward Island has 57 designated bilingual positions within its Department of Health and Wellness.[15] Ontario has an estimated total of around 11,600 French-speaking employees in designated bilingual positions at designated healthcare service providers.[16] The Northwest Territories has designated bilingual positions within its mental health services.[17]

[13] One such initiative is the Café de Paris, which operates a helpline offering empathetic French-language services 24/7 and a mobile clinic that provides French-language services (psychologists, social workers, etc.) in schools across Edmonton.
www.reseausantealbertain.ca/

[14] Government of Canada. (2011). *Bilingual Positions in the Federal Public Service.*
https://www.canada.ca/en/public-service-commission/services/staffing-assessment-tools-resources/human-resources-specialists-hiring-managers/management-toolkit/bilingual-positions-federal-public-service.html

[15] Government of Prince Edward Island. *Department of Health and Wellness*.
https://www.princeedwardisland.ca/en/topic/health-and-wellness

[16] The University of Ottawa/Institut du Savoir Montfort Joint Chair on the Health of Francophones in Ontario. *French-language health services in Ontario.* https://sante-closm.ca/en/healthcare-services-in-french-in-ontario/

[17] Government of the Northwest Territories. Department of Health and Social Services.
https://www.gov.nt.ca/en/department/health-and-social-services

Administrative regions can also be designated as bilingual. Manitoba has five health regions, four of which are designated as bilingual.[18] Each of these five regions is governed by a regional health authority. Certain Canadian institutions can also be designated as bilingual and, if applicable, so can certain beds within these institutions.[19]

In 2020, Ontario was home to 1,400 health service providers, including 83 designated as bilingual and 191 identified as bilingual.[20] Identified health service providers are given three years to meet the criteria for bilingual designation.

Strictly speaking, there are no designated bilingual positions in New Brunswick's public service, both within and without the healthcare sector. The province has two health networks: Vitalité,[21] where work is conducted predominantly in French, and Horizon, where work is essentially conducted in English.[22] Despite their specific language profiles, each network is required to provide services in both official languages. A team-based approach is preferred at Horizon. Managers must determine their team's language skills and, if applicable, whether a vacant position should be filled by a bilingual employee.

[18] Santé en français Manitoba and OZi. (2023). *Manitoba : Améliorer l'accès aux données sur l'offre de services de santé en français* [Manitoba: Improving access to data on the offer of French-language healthcare services], page 29.

[19] In many long-term care facilities with designated bilingual beds, French-speaking patients are identified on waiting lists. This ensures that designated beds are actually occupied by French-speaking patients.

[20] A French-language service provider avoids repeated appointment requests from French-speaking patients who do not always understand the diagnoses and instructions provided by healthcare providers who only speak English.
https://sante-closm.ca/en/healthcare-services-in-french-in-ontario/

[21] Vitalité Health Network. https://www.vitalitenb.ca/en

[22] Horizon Health Network. https://horizonnb.ca

1.3 HSO standards

Providing services in patients' preferred language contributes to quality care and patient safety. CAN/HSO 11012:2018 (R2022):2022 – *Access to Health and Social Services in Official Languages* is a Health Standards Organization (HSO) standard that aims to improve health and social services across the continuum of care for Canada's official language communities. The English-speaking communities in Quebec and the French-language communities outside of Quebec are defined as the official language communities targeted by the standard's mission to advance access to health and social services.[23]

Members of official language communities who run into communication challenges are more likely to experience adverse events, require prolonged hospital stays and be less satisfied with services. Language barriers also affect patients' ability to communicate with their care team.[24]

The standard addresses key aspects of the continuum of care, specifically effective communication, a critical factor in ensuring safe, high-quality health and social services. Other aspects include admission, assessment, treatment, end-of-life care, discharge and/or transfer of care. The standard also covers the organizational governance and management processes and structure necessary to ensure effective communication throughout the continuum of care. Topics such as service planning, data collection, policy and procedure development, sufficient resources, patient record management, support for bilingual staff, and staff development and training are addressed as well. The standard ensures patients' communication needs are factored into organizational processes in order to improve the quality of linguistically appropriate services in health and social service organizations.[25]

[23] Standards Council of Canada. (2018). *People Powered Health. Access to Health and Social Services in Official Languages*, page V.
[24] Ibid.
[25] Ibid.

1.4 Labour shortage

Government commitment, legislation on French-language services, progress in the designation process and HSO standards tailored to minority settings all help support the provision of French-language services in the healthcare sector. However, the ability to provide French-language healthcare services also hinges on being able to recruit enough qualified bilingual providers to meet overall needs.

A labour shortage is a shortage or scarcity of workers to perform certain types of work. This situation occurs when "the demand for workers in an occupation exceeds the supply of workers available who possess the required skills and are willing to work at a specific wage rate and in specific working conditions in a particular place and point in time."[26]. Labour shortages in the health sector are being felt across Canada's provinces and territories, with adverse consequences on the quality of healthcare.[27]

As a result, public health authorities and service providers are having to fill vacancies for various health professions without necessarily prioritizing serving patients in minority communities in the language of their choice, in many cases, French.

2. Mandate and methodology

The consultant's mandate is to investigate best practices, including financial and non-financial incentives, to promote the recruitment and retention of bilingual human resources in the healthcare sector.

A literature search was conducted and interviews were carried out in each province and territory, in order to pinpoint best practices to promote the recruitment and retention of bilingual human resources. Our research also singled out ideas that could

[26] European Centre for the Development of Vocational Training. *Labour shortage.* https://www.cedefop.europa.eu/en/tools/vet-glossary/glossary/penurie-de-main-doeuvre

[27] Meloche-Holubowski, M. (2023, October 19). La pénurie de personnel en santé au Canada exacerbe les préjudices subis à l'hôpital [Labour shortages in Canada's healthcare sector exacerbate hospital harm]. *Radio-Canada Info.* https://ici.Radio-Canada.ca/nouvelle/2019204/sante-penurie-main-oeuvre-travailleurs-prejudice

help recruit and retain bilingual staff or expand the range of services available in French. The interviews were conducted with stakeholders from the public service and French-language health networks. (See annexes 1–3 for the interview questions.)

While not exhaustive, this research report compiles practices and suggestions likely to support efforts to expand French-language healthcare services in Prince Edward Island and beyond.

3. Planning and managing bilingual human resources

Government departments and health authorities do not necessarily take the needs of Francophones into account when developing their strategies, activities and work plans. They also do not consistently plan services that meet their needs, despite being required to do so. Interviewees recommended taking proactive steps and, whenever possible, advocating for the needs of French speakers when developing strategies, plans and work plans.

In Manitoba, an estimated 293 out of approximately 619 designated bilingual (FTE) positions in the long-term care sector are filled, representing a 47% fill rate.[28] For the past two years, Manitoba's Department of Health has included a Francophone component in its annual human resource management plan to increase the number of positions filled by qualified bilingual employees. This year's plan was developed through a broader consultation process with the French-speaking community and stakeholders. The section on planning for Francophone needs is much more fleshed out than last year's.[29]

[28] FTE: Full-time equivalent.
Santé en français Manitoba and OZi. (2023). *Manitoba : Améliorer l'accès aux données sur l'offre de services de santé en français* [Manitoba: Improving access to data on the offer of French-language healthcare services], page 35.
[29] Government of Manitoba. *Department of Health, Seniors and Long-Term Care.* https://www.gov.mb.ca/health/index.html

4. Identifying French-speaking clients and patients

Identifying French-speaking patients is essential to effectively providing French-language services. Patients need to be asked whether they prefer services in French upon being admitted to a health centre or healthcare institution. While patients are free to request French-language services on their own, it was noted that some French speakers are uncomfortable with the idea, even if the option is known to be available or advertised as such.

This suggests that efforts to raise French-speaking patients' awareness of the importance of requesting French-language services must be maintained. Some interviewees recommended training outreach leaders to engage with communities on the matter.

Organizing activities in French, with nursing home residents or patients for example, could prove useful in identifying French speakers, who sometimes feel uncomfortable speaking French despite it being their native language.

5. Financial incentives

Financial incentives in healthcare are meant to promote the recruitment and retention of human resources. The documentation available on current health programs and incentives shows the following:

- Most provinces and territories have programs using financial incentives to recruit or retain staff.
- Most financial incentives are aimed at recruiting and/or retaining staff in underserved areas, usually in rural, remote or northern communities.
- When multi-year bonuses are paid, bonus amounts range from $5,000 to $24,000 per year. One-time bonuses range from $750 to $90,000, with the highest amounts reserved for physicians.
- Most of the programs offering financial incentives require that recipients commit to stay in service for two to four years.[30]

[30] Lafond, J. (2023). *FLS financial and non-financial incentives* (draft).

There appears to be a consensus on the need and merit of using financial incentives in strategies for recruiting healthcare providers, whether for positions in urban, rural or remote communities. However, incentive amounts must be significant if they are to have an actual impact on bilingual staff recruitment and retention. These incentives should also be well targeted and require a clear commitment from would-be recipients.[31]

5.1 Bonuses for healthcare staff

This section contains a few examples of financial incentives to promote the recruitment and retention of human resources in the healthcare sector. A more comprehensive list of financial incentives can be found in annexes 4 and 5.

Government of Prince Edward Island – Graduate Registered Nurses - Nursing Recruitment Incentive Program. The Nursing Recruitment Incentive Program is a PEI initiative to provide attractive employment opportunities for recent graduates and to fill vacant registered nurse positions. The program provides a one-time financial incentive of $8,000, with an additional one-time recruitment incentive of $5,000 for candidates who accept a position outside of Charlottetown.[32]

PEI Union of Public Sector Employees (UPSE) – UPSE Health Development and Training Fund. The purpose of this program is to provide UPSE members employed in the healthcare sector with the opportunity to improve their skills to better perform current job responsibilities and prepare them for any future job opportunities. The fund provides up to $2,000 per fiscal year to classified permanent and temporary employees who apply. A maximum of $800 per year is also provided to casual employees wanting to improve their skills.[33]

[31] Lafond, J. (2023). *FLS financial and non-financial incentives* (draft).
[32] Government of Prince Edward Island. G*raduate Registered Nurses - Nursing Recruitment Incentive Program*. https://www.princeedwardisland.ca/en/service/graduate-registered-nurses- nursing-recruitment-incentive-program
[33] PEI Union of Public Sector Employees (UPSE). *UPSE Health Development and Training Fund.* https://www.peiupse.ca/education/fund/

Government of Prince Edward Island – Training PEI – Healthcare Priorities Pilot Program. This program provides financial assistance to eligible individuals to help them complete a post-secondary certificate or diploma and transition to sustainable employment.[34]

Government of Nova Scotia – Nurse retention bonuses. Nurses who worked full time in Nova Scotia in the past year will be getting a $10,000 bonus. Nurses who commit to stay in Nova Scotia until 2026 will receive another $10,000 bonus.[35]

Other nurses, including travel nurses, retired nurses, casual nurses and part-time nurses, who return to work full time in the Nova Scotia public healthcare system will also be given a $5,000 bonus. The government is even giving a $5,000 bonus to healthcare aides and telehealth staff as well as to office workers and maintenance staff working in hospitals and other healthcare institutions.[36]

5.2 Bilingual bonuses

Our research shows that bilingual bonuses are uncommon in the Canadian healthcare sector, save for a few rare exceptions.

Government of Manitoba – Bilingual/French Requirement Nursing Position Grant. This grant, available to bilingual nurses since April 2012, is one of the incentives funded by the Nurses Recruitment and Retention Fund (NRRF), a fund committed to enhancing the delivery of health services in Manitoba by addressing issues of nursing supply. Established in 1999, the NRRF develops and implements strategies to facilitate the recruitment of registered nurses. The Bilingual/French Requirement Nursing Position Grant is intended to encourage nurses to work in a recognized bilingual/Francophone facility or program.

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[34] Government of Prince Edward Island. *Training PEI – Healthcare Priorities Pilot Program*. https://www.princeedwardisland.ca/en/information/training-pei-healthcare-priorities-pilot-program

[35] Government of Nova Scotia – Premier's Office, Health and Wellness. (2023, March 20). *Retention Bonuses, Incentives for Nurses, Healthcare Workers*. https://news.novascotia.ca/en/2023/03/20/retention-bonuses-incentives-nurses-healthcare-workers

[36] Ibid.

In exchange for a one-time $3,000 grant, recipients commit to remain employed for at least 12 months in a position requiring bilingual or French-language proficiency. The grant amount was set at $2,000 until very recently.[37] The Government of Manitoba does not appear to provide any other bilingual bonuses for healthcare staff.

Eleven official languages are legally recognized in the Northwest Territories.[38] The territorial government gives a bilingual bonus to public servants and government employees, including those in the healthcare sector, who can provide services in Canada's two official languages. Being able to provide services in any other official language of the Northwest Territories is an asset. This bonus is funded by the federal government.

Government departments and health authorities, whether in Prince Edward Island or elsewhere in Canada, rarely offer bilingual bonuses in the healthcare sector, but service providers, which are often independent in certain parts of Canada, are free to give bilingual bonuses to their employees.

[37] Government of Manitoba – Health Professions. *Nursing Recruitment and Retention Fund Grants – Bilingual/French Requirement Nursing Position Grant.* https://healthcareersmanitoba.ca/professions/nurses/grants/

[38] Government of Northwest Territories – Education, Culture and Employment. *Official Languages.* https://www.ece.gov.nt.ca/en/official-languages

Table 1 provides a summary of financial incentives that could be implemented to recruit and help retain qualified bilingual healthcare providers.

Table 1 – Financial incentives[39]

Type of incentive	Description
Bonus pay	This is a bonus payment made to qualified bilingual employees in designated bilingual positions in addition to their base pay. (This payment can be interpreted as a salary increase.)
Signing bonus	This is a short-term incentive used to encourage bilingual candidates to apply to designated bilingual positions. Signing bonuses can also be used to secure a long-term commitment from bilingual employees.
Professional development	This is a yearly bonus paid to qualified bilingual employees in designated bilingual positions to repay eligible training costs (e.g., French-language workshops and speaking events, registration fees for language training courses and travel costs).
Scholarships and tuition support programs	Qualified bilingual employees can be given a bonus or a refund for tuition fees incurred while pursuing or completing courses toward a degree, on the condition that they return to work after their studies.

Interviewees stressed that, while financial incentives such as multi-year bonuses are certainly appreciated, competitive healthcare salaries are even better.

6. In-school outreach

High-schoolers in French-language schools or French immersion programs should be made aware of the vast career opportunities available in the healthcare sector.

[39] Lafond, J. (2023). *FLS financial and non-financial incentives* (draft).

6.1 Outreach activities

The healthcare sector covers a wide array of professions. Presentations are given in French-language schools and immersion programs to help expose students to these career options. Efforts to host information fairs in schools must be continued. Réseau Santé Alberta [Alberta health network] (RSA) developed “Carrières en santé” [Careers in healthcare], a program designed to help teachers teach students about careers in medicine and kindle their interest in the field.[40]

It is important to show students interested in the healthcare sector that the French language is important and how French-language services play a vital role in ensuring patients have access to quality care.

In Manitoba, websites were developed to introduce Franco-Manitoban youths to health-related career paths and opportunities. One of them, “La santé, c’est pour moi!”[41] [Healthcare is right for me], gives information on a host of career opportunities. The Job Board en Santé website[42] lists open positions in different parts of the province.

6.2 Keeping in touch

Interviewees pointed out that many French speakers in minority communities end up completing their studies at an English-language institution, even if almost all of their schooling to that point was in French. It is, therefore, crucial to stay in touch with French-speaking students enrolled in post-secondary health programs, particularly those studying in English-language institutions.

Keeping in touch with young native French speakers and non-native French speakers, including those from French immersion programs, requires working closely with schools, especially post-secondary institutions.

[40] https://reseausantealbertain.ca/etudiants-en-sante/carrieres-en-sante/
[41] La santé, c’est pour moi! https://www.macarriereensante.ca
[42] Job Board en Santé. https://emploissantejobs.ca/en/jobs-2/

7. Partnering with post-secondary institutions

The provincial and territorial health departments have been courting graduates from Canada's various academic institutions through recruitment efforts right on school grounds. Stakeholders from minority communities are partnering with French-language and English-language healthcare-related faculties for that very purpose.

7.1 French-language institutions

Several initiatives are already in place at French-language institutions, and more can be added in the future. High-schoolers need to be made aware of the healthcare-related microprograms offered at certain establishments. In some cases, students can enrol in a post-secondary training program during the school year. This helps ensure that students pursue their healthcare-related studies at a French-language institution afterwards.

Although post-secondary institutions in minority communities offer diverse programs in the healthcare field, those in some provinces and territories do not offer a comprehensive range of health programs in French outside of the most common professions, like nursing. However, some professional programs, such as optometry and medicine, have seats reserved for French-speaking students residing in the province or territory.

For example, the Centre de formation médicale du Nouveau-Brunswick [New Brunswick medical training centre], located on the Université de Moncton campus,[43] has seats reserved for French-speaking students from Prince Edward Island and Nova Scotia. Under its program with the CNFS,[44] the University of Ottawa reserves seats for French-speaking medical students from outside Ontario and Quebec. In places like British Columbia, students' travel expenses are covered to help them do clerkships in their home province and encourage them to come back at the end of their studies.

Family medicine and psychiatry are the only specialties offered through the Université de Moncton's medical program. The Vitalité and Horizon health networks build ties with area students enrolled in other specialty programs outside the province in order to encourage them to return to the Maritimes after graduation.

[43] https://www.umoncton.ca/medecine/node/1
[44] University of Ottawa. https://www.uOttawa.ca

The Government of New Brunswick offers job opportunities to area students studying elsewhere in the country in specialty programs who plan to return to New Brunswick after their studies. These jobs are chosen based on need and are contingent on providers committing to five years of service in New Brunswick.

7.2 English-language institutions

It is critically important to identify native and non-native French-speaking students enrolled in health programs at English-language post-secondary institutions. Five faculties of medicine in Ontario have signed a collaborative agreement to help identify students who can provide services in French. These students will then be approached and encouraged to practice in French-language minority communities.[45]

The Franco Doc program, in partnership with the Association of Faculties of Medicine of Canada (AFMC) and 13 English-language faculties of medicine, helped identify French-speaking graduates and informed them of the importance of providing an active offer of French-language services. Engaging deans is crucial to the success of this program.[46] The recently created Franco-Santé program extends to all professions in the healthcare sector, including medical school graduates.[47]

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[45] Key components and steps of the initiative:
- The dean of the faculty of medicine is informed of the initiative and of the importance of making an active offer of services.
- Students are given a survey to identify the number of native French speakers and non-native French speakers who can provide services in French (self-identification).
- The faculty invites those students to attend presentations by the French Language Services Network, healthcare providers, school boards, health centres and other partners or providers that are likely to employ these future providers.
- Students complete their first work placement or practicum, allowing them to make connections and identify the needs of the Francophone community (community-based learning).
- The faculty creates a club for native French speakers or non-native French speakers who can provide French-language services. The club is coordinated by a university employee.
- The university officially recognizes the club to make it eligible for funding.
- The Network supports the club with French-language activities and awareness-raising sessions.
- The Network provides students with a list of healthcare institutions that are ready to host them, along with the contact information of contact persons.
- The Network and the Faculty regularly work together on matters related to work placements and practicums.

[46] Association of Faculties of Medicine of Canada. *Education: Franco Doc.* https://www.afmc.ca/resources-data/education/franco-doc/

[47] Société Santé en français. *Join Franco-santé.* https://www.santefrancais.ca/en/franco-sante/

Université de Saint-Boniface (USB) offers a few training programs in the healthcare field.[48] The University of Manitoba, an English-language institution, offers most health programs.[49] To determine the French-language skills of students in the University of Manitoba's Faculty of Medicine, French-speaking students are asked to come forward and provide their contact information. This information is very useful for identifying providers who can offer services in French. Some interviewees believe that similar initiatives should be conducted in collaboration with other English-language faculties that train health providers.

Although the Northern Ontario School of Medicine (NOSM) University primarily offers training in English,[50] it offers a few courses in French. French-speaking students are also allowed to write and submit certain assignments in French. These students are also encouraged to complete their practicums in French-speaking or bilingual environments.

NOSM reserves a certain number of seats for French-speaking students. Non-native French-speaking students, including those from immersion schools, are eligible for these reserved seats. However, these students will need to demonstrate their French-language proficiency and undergo a language skills assessment.

In some English-language institutions, native French speakers and non-native French speakers who can provide services in French are mentored by groups of practicing physicians working in minority settings, an approach that should be adopted in other health professions as well. Some medical faculties have also created clubs for Francophone or bilingual students.

We firmly believe that more agreements are needed with English-speaking universities and colleges, including agreements aimed at reserving seats for French-speaking students in various health professions.

[48] Université de Saint-Boniface. *Medicine (program).* https://ustboniface.ca/en/medicine
[49] University of Manitoba. https://www.umanitoba.ca
[50] Northern Ontario School of Medicine (NOSM) University. https://www.nosm.ca/

7.3 Scholarship programs

Many scholarship programs are open to students in various health professions. For example, the New Brunswick Medical Education Foundation[51] offers scholarships to area students who commit to staying in New Brunswick after their studies. This year, the CNFS awarded 31 scholarships totalling $56,000 to students from Université de Moncton's Centre de formation médicale du Nouveau-Brunswick and to medical students from Prince Edward Island and Nova Scotia studying at the Sherbrooke site.[52]

The Réseau Santé en français de la Saskatchewan [Saskatchewan French-language health network] (RSFS) grants three $1,000 scholarships (two university scholarships and one college scholarship) to students enrolled in health-related programs in Saskatchewan.[53]

The CNFS aims to improve access to French-language healthcare services through post-secondary education and supports research by granting various scholarship programs to French-speaking researchers.[54] Students enrolled in health programs designated by the CNFS are also eligible for the CNFS Prix national de l'engagement étudiant à l'égard de l'offre active [national award recognizing students' commitment to making an active offer], which promotes the active offer of French-language health services across Canada.[55]

7.4 Work placement programs

Offering work placements in minority communities is an effective way to recruit healthcare providers who can provide services in French.

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[51] New Brunswick Medical Education Foundation. https://www.nbmeded.ca

[52] Université de Sherbrooke's faculty of medicine and science offers its doctor of medicine program at sites in Sherbrooke, Saguenay, Montérégie and Moncton. https://www.usherbrooke.ca/medecine/programmes-detudes/medecine

[53] Réseau Santé en français de la Saskatchewan (RSFS). https://rsfs.ca/Etudiants/Bourses/bourses-rsfs-2024-25

[54] Consortium national de formation en santé (CNFS). *Chercheurs et chercheuses : Possibilités de financement – Projets soutenus – Active offer.* [Researchers: Funding opportunities – Funded projects – Active offer] https://cnfs.net/chercheurs/#possibilite-financement

[55] Consortium national de formation en santé (CNFS). *Étudiantes et étudiants – Prix national de l'engagement étudiant à l'égard de l'Active offer*. [Students – National award recognizing students' commitment to the active offer requirement] https://cnfs.net/etudiantes/#prix-cnfs

The Réseau TNO Santé, together with the CNFS and Collège Nordique,[56] has partnered with Université Laval[57] to host trainees in various health fields (medicine, speech language pathology, audiology, etc.). Interviewees noted that these placements allow trainees to get to know the area and what the Francophone community has to offer. These work placements are an opportunity to highlight providers' impact. However, the COVID-19 pandemic has put this initiative on hold.

Some health institutions in Ontario and across the country have designated bilingual beds. Agreements have been made with nursing homes to assign trainees to these bilingual beds, potentially guaranteeing their employment upon graduation.

8. Healthcare professionals with French as a second language

Interviewees reported that a large number of healthcare professionals across the provinces and territories seem to be able to provide French-language services, although many of them are non-native speakers who attended a French immersion program in school. Providing them with active offer training and activities to help them overcome their linguistic insecurity are best practices that can help broaden the range of services offered in French.

8.1 Active offer

Making an active offer means proactively offering to provide services in the patient's preferred language upon first contact. This invitation must be made confidently and assertively before they even ask for it, essentially ensuring that patients can communicate and be served in the language they are most comfortable with. Making an active offer not only helps patients communicate more easily and be understood, but it also enables providers to deliver high-quality, safe, ethical and equitable care.[58]

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[56] Collège Nordique. https://www.cnordique.ca/en

[57] Université Laval. https://www.ulaval.ca

[58] Consortium national de formation en santé (2020). *L'offre active de services en français en contexte de supervision. L'Art de superviser des stagiaires – formation avancée [Active offer of French-language services in supervision situations. The Art of Supervising Trainees – Advanced Knowledge]*, page 3. https://cnfs.ca/media/attachments/2020/05/07/oa-final-2020.pdf
Active offer (Fact sheet). https://offreactive.com/taking-part/thematic-sheets/download/56/234/16?method=view

Active offer training is available both online and in person. Basic training lasts three hours but can be extended to five hours. It has been adapted to various health fields, including primary care, long-term care, mental health and pharmacology.

In addition to receiving free training, learners can be paid for their training hours by completing the training modules during work hours or at home.[59] Engaging middle managers is crucial to providing this training to the various teams working on the field.

Prince Edward Island has three health regions for home-care support. It is estimated that about 70% of home-care staff in one of these regions have completed active offer training. This initiative, which was adapted to an Islander context, owes much of its success in Prince Edward Island to a partnership with the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO).[60]

In some medical faculties in Ontario, students receive active offer training during their studies and again during residency.

All employees at New Brunswick's Horizon Health Network are required to complete active offer training. This training is delivered via a short online course that employees typically only need to take once. Managers, however, are required to complete four training modules, during which they must identify their team's language skills gaps and develop an action plan if need be.

Active offer training must not only be provided to healthcare providers but also to support staff, who interact with patients daily via tasks such as preparing and distributing meals and cleaning. Some of these employees speak French and should be made aware of the importance of offering services in French, even if they feel linguistically insecure.

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[59] These training courses are designed to raise awareness of the importance of providing an active offer of health services in French, make participants aware of the key role they can play in ensuring ongoing improvement of the active offer and promote the safety and quality of person-centred care. https://reseaudumieuxetre.ca/en/outils-et-ressources/active-offer-of-french-language-health-services-online-interactive-training/

[60] Le Réseau du mieux-être francophone du Nord de l'Ontario. *French Language Health Services: Quality, Safety and Equity.* https://reseaudumieuxetre.ca/en/

Interviewees suggested that active offer training should be made mandatory for all healthcare staff, whether they are new recruits or current employees, in order to raise awareness of its importance for care quality. They should also be required to retake the active offer training every two years to renew their certification. Regularly offering active offer training also helps identify those who can provide services in French. Lastly, interviewees recommended that healthcare providers have their French-language skills assessed.

8.2 Linguistic insecurity

Healthcare providers and patients from Francophone minority communities often experience linguistic insecurity, something that is addressed in certain active offer training courses. Measures to raise awareness about linguistic insecurity and promote learning French should be implemented for both groups.

Healthcare providers who can provide services in French should be identified, and initiatives should be undertaken to help them improve their French-language skills. For example, Cafés de Paris are informal spaces where employees can practice their French with an instructor, who comes to the provider's workplace at a convenient time. These Cafés de Paris were first introduced at Saint John Regional Hospital in New Brunswick to help combat linguistic insecurity.[61]

Some interviewees suggested establishing a "Francophone community" within each healthcare institution, where employees in this community could meet during lunch-and-learn events, for instance. This initiative could encourage other French-speaking professionals to use the language more freely.

Interviewees also believe that English-speaking providers should not be the only ones to benefit from opportunities to learn French; French-speaking providers trained in English should also be included.

A campaign was launched in Manitoba to combat linguistic insecurity. This ongoing campaign targets not only English speakers from immersion programs who can speak

[61] Société Santé en français. *Cafés de Paris*. https://www.santefrancais.ca/en/projet-ssf/cafes-de-paris/

French but also native French-speaking providers who need to learn French medical terminology. It provides one-stop access to a wealth of information.[62]

9. Professional bodies

Interviewees believed that ongoing efforts are needed to raise awareness among national, provincial and territorial professional bodies of the vital role that French-language services play in ensuring quality care and patient safety.

One such initiative, found on the College of Physicians and Surgeons of Alberta (CPSA) website, provides a list of physicians and the languages they speak.[63] Interviewees stated that all professional bodies should list the languages spoken by their members as well as their full contact details.

10. International recruitment

Provincial and territorial health departments and service providers are increasingly turning to international recruitment to fill vacancies. However, the professional, linguistic, and cultural challenges of this practice need to be considered.

French-speaking healthcare providers from abroad should be informed of professional bodies' requirements for recognizing credentials and skills, ideally before they arrive in Canada, to ensure that they avoid facing near insurmountable obstacles before they can practice on Canadian soil. In sum, foreign providers need to familiarize themselves with the necessary steps and procedures they will need to take professionally before immigrating. Some interviewees recommended that a guide for newcomers be developed to help them settle into the community and the job market, particularly when it comes to getting their prior learning and equivalencies recognized. Some even suggested that these providers pass the exams required by professional bodies before coming to Canada.

Limited English proficiency is another challenge for French-speaking providers from other countries. Even if they end up practicing in Francophone minority communities, they will

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[62] Health Providers – Shared Health – Soins communs. *Make a difference en français*. https://healthproviders.sharedhealthmb.ca/difference-en-francais/
Collège Nordique is a college in the Northwest Territories that offers French-language training adapted to a northern context. It also offers French-language courses on medical terminology. https://www.cnordique.ca/en

[63] College of Physicians and Surgeons of Alberta. https://cpsa.ca

still have to speak and write reports in English. In many cases, they will also have to take English exams in their professional field to be able to practice. Interviewees suggested that these foreign providers could work in an office or clinic for a time under the supervision of another provider in order to improve their English before taking required language assessments.

Additionally, based on previous experience, providing services as newcomers can uncover cultural issues. Immigrating healthcare providers will need support and guidance to some extent from organizations that work with newcomers. Meanwhile, patients will need to be open and adaptable.

Interviewees also pointed out that the shortage of skilled labour is not only a Canadian issue but a global one. Recruiting from foreign countries creates skilled labour shortages in those countries. Therefore, it is important to note that international recruitment is just one of many solutions to address the lack of providers who can offer services in French. Moreover, credential and skill recognition is a significant issue that can seriously undermine international recruitment efforts.

11. Workforce strategy

Manager engagement, identification of bilingual human resources, the French-language continuum of care, recognition and acknowledgement of bilingual staff and collective agreements are all things that should be taken into account when developing a workforce strategy that aims to promote the provision of French-language services.

11.1 Manager engagement

To develop an organizational culture that is conducive to offering French-language services, interviewees highlighted the importance of appointing Francophones to key positions in provincial and territorial health departments. Moreover, within institutions, commitment from senior management, managers and healthcare providers in general is needed to improve services delivered in French and promote a broader active offer of French-language services. Interviewees mentioned that resistance often comes from middle management, not necessarily senior management.

A relationship of trust must be established between managers or bilingualism initiative leaders and the healthcare providers who are responsible for providing these services.

This is essential if they are to be committed to the active offer of French-language services.

11.2 Identifying bilingual staff

To optimize the French-language offer of services in the healthcare field, it is necessary to identify providers and employees who can provide services in French.

In minority settings, there are online directories of providers who can provide services in French. For example, the Newfoundland and Labrador Francophone Health Network,[64] the Réseau TNO Santé[65] and the website of RésoSanté Colombie-Britannique[66] all have directories. However, these directories do not seem to contain the names of providers and support staff who work in places such as hospitals or retirement homes.

[64] Newfoundland and Labrador Francophone Health Network. https://www.francotnl.ca/en/services/health/repertoire-des-professionnels-de-sante-francophones/
[65] Réseau TNO Santé. https://www.reseautnosante.com/repertoire-professionnels-en-santé
[66] RésoSanté Colombie-Britannique. https://resosante.ca/repertoire/

In Manitoba, the OZi project's data collection tool painted a picture of bilingual human resources locations in the province's health sector. As previously mentioned, just 47% of some 619 designated bilingual positions (FTE) in Manitoba's long-term healthcare sector are currently filled.[67]

In New Brunswick, the language profile of each Horizon Health Network employee is listed. Employees must self-declare their language skills as soon as they are hired. This data paints a quick picture of the network-wide situation. However, anyone who applies to a position requiring skills in both official languages will be evaluated.

Efforts must continue to more precisely identify the number of providers who are able to provide services in French in various healthcare fields. These data are needed to optimize the offer of French-language services.

11.3 Continuum of care in French

Interviewees stated that efforts must be made to help patients better navigate French-language services within the healthcare system (adapted policies, processes, procedures, posters and forms). Improving the coordination of these services is key to ensuring a continuum of care in French.

For example, plans should be developed to provide institutions with bilingual reception services that will direct patients to bilingual doctors or nurses, who can then refer these patients to specialists who can offer services in French if needed.

Healthcare institutions provide interpretation services in common world languages through an online service. These interpretation services seem to be very effective. To a certain point, this system can make up for a lack of French-language services at some stages of the continuum of healthcare.

[67] Santé en français Manitoba and OZi. (2023). *Manitoba : Améliorer l'accès aux données sur l'offre de services de santé en français* [Manitoba: Improving access to data on the offer of French-language healthcare services], page 35.

11.4 Recognition and acknowledgement of bilingual staff

Interviewees said that a provider's ability to offer services in both official languages is a skill that should be recognized and acknowledged.[68] However, some providers who are able to provide services in French do not want to publicize their bilingualism because it would create more work for them.

Providers who can provide services in French are often sought out by numerous departments in a hospital or other healthcare institutions. These providers quickly become overwhelmed and often prefer not to be identified as bilingual employees.

Interviewees suggest that adopting a policy or simple directive is a way to ensure that bilingual employees are affiliated with a single department in their institution and will not be required to provide services elsewhere.

However, a holistic approach must be taken in order to meet recruitment and retention goals, treat bilingual employees fairly and recognize them as the valuable resources they are. Financial and non-financial incentives should be included in this approach.

Financial incentives were addressed in section 5 of this report. Non-financial incentives can be grouped into six main categories:

- Work quality and environment
- Work organization flexibility
- Career development measures

[68] For example, the PEI French Health Networks' Étoile Santé (Health Star) campaign acknowledges and spreads the word about healthcare professionals who provide services in French. https://santeipe.ca/etoile-sante/

- Service availability
- Recognition and acknowledgement (intrinsic rewards)
- Sense of belonging to a team, which creates a feeling of inclusion[69]

Concrete examples of non-financial incentives could be extra time off, a flexible schedule or permission to work remotely when the provider's duties allow.

Extra time off could be given to qualified bilingual employees to compensate for the additional workload that comes with working in both languages. Qualified bilingual employees could be given the option of changing their work schedule to suit their needs or personal preferences as an incentive. For remote work, employees could choose when to work remotely and when to come to the office or the healthcare institution.

It would of course take some adjustment on the part of managers, and they may need to accommodate their employees' additional vacation time, changing schedules and remote work.[70]

11.5 Collective agreements

A 2021 study conducted by Prairie Research Associates (PRA) on Francophone stakeholders in the Manitoban healthcare sector revealed that where incentives are used to recruit bilingual staff, their impact is severely curtailed by collective agreements. Seniority is the main criterion for employment and fluency in French is not a factor in determining things such as higher pay, whether in the form of salary or some kind of bonus.[71]

In our opinion, the issue of French-language services should be included in collective agreements, as it complicates factors such as seniority, as we mentioned above. Offering work schedules that favour bilingual employees may create conflict with unilingual employees who have more seniority.

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[69] Lafond, J. (2023). *FLS financial and non-financial incentives* (draft).
[70] Ibid.
[71] Ibid.

In some workplaces, grievances have in fact been filed by unilingual Anglophone employees because their applications were not selected for designated bilingual positions. These employees claimed seniority. In some cases, unilingual employees were appointed to the positions if they agreed to learn French or improve their French language skills within a certain period of time.

Interviewees said that, if possible, it is crucial to participate in negotiations between the government and union representatives from various health professions and make recommendations to both parties. Adding provisions regarding French-language services, including financial and non-financial incentives, to collective agreements would make it easier to offer these services.

It would be useful for legal firms to help interpret collective agreements. Lawyers can help elucidate the scope of the law and gain a better understanding of stakeholders' French-language service obligations. The interpretation and scope of legislation currently in force in different regions of the country may contribute to the discussion and impact collective agreements.

In short, interviewees stated that any advancement in offering French-language services in healthcare must start with collective agreements.

12. Community and partner involvement

Engaging diverse partners is essential to ensuring a broader range of French-language services. It is also important to make communities, especially rural and remote communities, appealing to bilingual healthcare providers and their families.

12.1 Involvement of all partners

Broadening the offer of French-language services in healthcare requires the involvement not only of Francophone partners, but other partners as well. In many cases, providers, suppliers, institutions and community leaders must all play a role.

Communities' needs must be identified and data about those needs should be compiled in databases and shared with partners. Best practices should be promoted and shared with partners. In short, partners must work together to reach their goals and drive results.

The community should implement a recruitment and retention strategy. A community

profile should be created, involving all partners in their respective areas of expertise.

In Vancouver, for example, a project to create the city's first Francophone community health centre is currently in development. The project is supported by the province's Minister of Health and Minister Responsible for Francophone Affairs. Recruiting the three Francophone doctors and four Francophone nurses needed to operate the clinic is a challenge. RésoSanté Colombie-Britannique, the British Columbia Francophone Federation,[72] Vancouver Primary Care Networks[73] and Vancouver Coastal Health[74] are among the partners involved in the project.

12.2 Welcoming Francophone Communities

Communities have a role to play in bringing in healthcare providers and their families. Efforts should be made to make the community attractive. Examples of initiatives that would help attract and retain providers include a fund for welcoming activities, municipal housing incentives, visits to local businesses to explore job opportunities for providers' partners, visits to schools and daycares, meetings with community-based agencies and outdoor activities. Note that these initiatives should be coordinated and an action plan should be developed.

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[72] British Columbia Francophone Federation. https://www.ffcb.ca/about-the-ffcb/
[73] Vancouver Division of Family Practice. *Vancouver Primary Care Networks (PCNs).* https://vancouverdivision.com/pcn-vancouver/
[74] Vancouver Coastal Health. https://www.vch.ca/en

Welcoming Francophone Communities initiatives aim to foster ties between newcomers and their chosen community. These communities promote the integration of each newcomer and their family. The Welcoming Francophone Communities approach is highly original.[75]

Along with welcoming healthcare providers, communities should welcome student interns too, with the hope that they will return to practice there. In Nunavut and other minority Francophone environments, for example, welcoming activities are organized for these students (city tour, outdoor activities, etc.).

On top of the Welcoming Francophone Communities initiative, which is funded by the Government of Canada, there are other funding programs that support communities' efforts to recruit and integrate healthcare providers. For example, the Government of Nova Scotia's Office of Healthcare Professionals Recruitment (OHPR) Community Fund provides funding to help communities recruit, welcome and retain healthcare professionals.[76]

13. Data collection: impact of actions and new models

Interviewees believe that actions and initiatives to improve French-language services will have long-term impacts. Targets and desired results will become more visible within a few years.

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[75] L'immigration francophone au Canada. *Welcoming Francophone Communities.* https://www.immigrationfrancophone.ca/immigrating-to-canada-as-a-french-speaker/welcoming-francophone-communities/

[76] The Community Identified Projects stream may fund up to $75,000 of eligible costs for each organization's projects. The Community Readiness Supports Stream may fund up to $25,000. Government of Nova Scotia. *Apply for funding to recruit and retain healthcare professionals: OHPR Community Fund.* https://beta.novascotia.ca/apply-funding-recruit-and-retain-healthcare-professionals-ohpr-community-fund.

In addition, planning bilingual human resources needs over the long term requires collecting and analyzing data. We need to know more about vulnerable groups (such as seniors and patients with mental health issues) in the Francophone population. This data is particularly useful for schools, which need it to better plan their training programs for the healthcare sector.

An initiative was launched to develop a clinical care model specifically for the needs of Francophone patients in Manitoba. This initiative includes the collection and analysis of data to develop new models for future projects.

Conclusion

Despite significant legal and organizational progress made in recent years, we can see that there is still a long way to go before minority Francophones can fully access French-language healthcare services. Additional resources will have to be mobilized and ongoing efforts must continue.

Stakeholders in Prince Edward Island must continue to recruit staff from elsewhere in the country and abroad to fill vacant positions in the healthcare sector. However, given that the labour shortage is being felt everywhere, we believe that focus should be placed primarily on the language skills of currently practicing healthcare providers and future graduates.

Many healthcare providers and support staff can speak French. These individuals need to be identified, informed, supported, recognized and acknowledged.

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Annexes

Annex 1 – Interview questionnaire – French Health Networks

Questionnaire
Recruitment and retention of bilingual healthcare professionals

1 – Does your province's or territory's ministry/department of health have a coordinator (or navigator), or even a team, responsible for French-language services?

2 – Are there any designated bilingual positions in the healthcare sector in your province or territory?

3 - If so, how many designated bilingual positions exist? Are there designated bilingual positions for all medical professions? Which medical professions have the most designated bilingual positions?

4 – Are there challenges to recruiting and retaining bilingual professionals in your province or territory (for positions in general, whether or not they are designated bilingual)?

5 – Does your province's or territory's ministry/department of health have a recruitment and retention strategy specifically tailored to bilingual employees? Does it offer bilingual bonuses? What about other sectors (for example, education, justice)?

6 - How much are these bonuses (if applicable)? Do bonuses vary depending on the level of employment or the importance of the position (if applicable)? Are bonuses paid out monthly or annually? Do you believe these bonuses allow you to achieve your recruitment and retention objectives?

7 - Other than bonuses, does your province or territory offer other benefits or incentives to recruit and retain bilingual employees in the healthcare sector? What about other sectors (for example, education, justice)?

8 – Have the ministry/department of health and your agency partnered with any organizations (provincial/territorial, national or international) or local communities to meet the needs and fill designated bilingual positions in your province or territory (or

simply to increase the number of bilingual employees in your province or territory)? Does your province's or territory's ministry/department of health retain the services of specialized recruitment firms?

9 - Do you have any suggestions in terms of best practices for the recruitment and retention of bilingual employees in the healthcare sector, and even in other sectors? (Examples: relocation and housing assistance, job search support for the spouse of the recruited professional, access to childcare for the children of the recruited professional, access to professional development or training, agreements with educational institutions, community engagement and involvement of community organizations in welcoming newcomers and supporting their integration, etc.)

10 - Are there any key stakeholders that we should contact to obtain suggestions or ideas regarding the challenges we face in recruiting and retaining bilingual employees in the healthcare sector?

11 – Do you have any other comments?

Annex 2 – Interview questionnaire – Departments (in French)

Questionnaire
Recrutement et rétention de professionnels bilingues dans le secteur de la santé

1 - Retrouve-t-on au sein de votre ministère ou de votre agence un coordonnateur (ou un navigateur), voire une équipe, chargé des services en français?

2- Retrouve-t-on des postes désignés bilingues dans le secteur de la santé dans votre province ou territoire?

3- Quel est le nombre de postes désignés bilingues, le cas échéant? Retrouve-t-on des postes désignés bilingues pour toutes les professions du domaine de la santé? Dans quelles professions retrouve-t-on le plus de postes désignés bilingues?

4 - Rencontrez-vous des défis de recrutement ou de rétention de professionnels bilingues (pour les postes en général, qu'ils soient désignés bilingues ou non)?

5- Votre ministère ou agence s'est-il doté d'une stratégie portant particulièrement sur le recrutement et la rétention d'employés bilingues? Votre ministère ou agence offre- t-il des primes au bilinguisme dans le secteur de la santé? De telles primes sont-elles offertes dans d'autres secteurs (par exemple en éducation, en justice, etc.)?

6- Quel est le montant de ces primes, le cas échéant? L'importance de la prime varie- t-elle en fonction du niveau ou de l'importance du poste, le cas échéant? Ces primes sont-elles versées mensuellement ou annuellement? Selon vous, ces primes permettent-elles d'atteindre les objectifs de recrutement et de rétention?

7 - Outre les primes, offre-t-on dans votre province ou territoire d'autres avantages ou mesures incitatives afin de recruter et de favoriser la rétention du personnel bilingue dans le secteur de la santé? De tels avantages ou mesures sont-ils offerts dans d'autres secteurs (par exemple en éducation, en justice, etc.)?

8 - Afin de répondre aux besoins et de pourvoir les postes désignés bilingues dans votre province ou territoire (ou tout simplement d'augmenter le personnel bilingue dans votre province ou territoire), avez-vous noué des partenariats avec des organismes

quelconques (œuvrant à l'échelle provinciale-territoriale, nationale ou internationale) ou avec des communautés locales? Votre ministère ou agence retient- il les services de firmes spécialisées en recrutement?

9 - Avez-vous des suggestions de bonnes pratiques qui pourraient favoriser le recrutement et la rétention de personnel bilingue dans le secteur de la santé, voire dans d'autres secteurs? (Exemples : appui au déménagement et à la recherche de logement, soutien à la recherche d'emploi pour la conjointe ou le conjoint de la personne recrutée, accès à un service de garde pour les enfants de la personne recrutée, accès à du perfectionnent ou à de la formation, ententes avec des établissements d'enseignement, engagement de la communauté ou d'organismes communautaires œuvrant au niveau de l'accueil et de l'appui à l'intégration, etc.)

10 - Connaissez-vous des intervenants clés que nous devrions contacter pour nous faire des suggestions ou nous faire part de leurs réflexions relativement aux enjeux de recrutement et de rétention du personnel bilingue dans le secteur de la santé?

11 - Autres commentaires?

Annex 3 – Interview questionnaire – Departments

Questionnaire
Recruitment and retention of bilingual professionals in the healthcare sector

1 - Does your department or agency have a coordinator (or navigator), or even a team, responsible for French-language services?

2 - Are there any designated bilingual positions in the healthcare sector in your province or territory?

3- If so, how many designated bilingual positions exist? Are there designated bilingual positions for all medical professions? Which medical professions have the most designated bilingual positions?

4 - Do you find it challenging to recruit and retain bilingual professionals (for positions in general, whether or not they are designated bilingual)?

5 - Does your department or agency have a recruitment and retention strategy specifically tailored to bilingual employees? Does your department or agency offer bilingual bonuses in the healthcare sector? What about other sectors (for example, education, justice)?

6 - How much are these bonuses (if applicable)? Do bonuses vary depending on the level of employment or the importance of the position (if applicable)? Are bonuses paid out monthly or annually? Do you believe these bonuses allow you to achieve your recruitment and retention objectives?

7 - Other than bonuses, does your province or territory offer other benefits or incentives to recruit and retain bilingual employees in the healthcare sector? What about other sectors (for example, education, justice)?

8 - Have you partnered with any organizations (provincial/territorial, national or international) or local communities to meet the needs and fill designated bilingual positions in your province or territory (or simply to increase the number of bilingual employees in your province or territory)? Does your department or agency retain the services of specialized recruitment firms?

9 - Do you have any suggestions in terms of best practices for the recruitment and retention of bilingual employees in the healthcare sector, and even in other sectors? (Examples: relocation and housing assistance, job search support for the spouse of the recruited professional, access to childcare for the children of the recruited professional, access to professional development or training, agreements with educational institutions, community engagement and involvement of community organizations in welcoming newcomers and supporting their integration, etc.)

10 - Are there any key stakeholders that we should contact to obtain suggestions or ideas regarding the challenges we face in recruiting and retaining bilingual employees in the healthcare sector?

11. Do you have any other comments?

Annex 4 – List of programs with financial incentives[77]

Table: List of programs with financial incentives in Canada

Program Name	Jurisdiction	Target	Allocated Amount	Return of Service	Description	Eligibility Criteria
Canada Student Loan forgiveness for family doctors and nurses	Federal	Recent medicine and nursing graduates	Up to $8,000 per year for five years (medicine) Up to $4,000 per year for five years (nursing)	Yes	Canada Student Loan forgiveness for family doctors, family medicine residents, nurse practitioners and eligible nursing staff working in under-served rural or remote communities that are not receiving the basic health care they need. Student loan forgiveness can only apply to the unpaid part of the loan. It applies to the federal share of your student loans only, not to the provincial or territorial share.	º Practice in an under-served rural or remote community (after July 1, 2011) º Have worked for a full year in a designated community and provided in-person services for a minimum of 400 hours (or 50 days) in that community º Have a Canada Student Loan that is in good standing º Have unpaid federal student loans from the Government of Canada
Nurse Practitioner Bursary	Alberta	Nursing students	$9,000 or $18,000 per year for up to three years	Yes	Financial incentive for nursing students to practice in northern Alberta after graduation. This bursary does not have to be repaid if the recipient agrees to live and work in the North. Return of service involves one year of full-time employment in the recipient's field of study for each year of bursary support received. Students must apply for the bursary for each year they want to be considered. $9,000 option: The student agrees to live and work anywhere in northern Alberta upon completion of their program. $18,000 option: The student agrees to live and work in a specific region or community in northern Alberta upon completion of their program.	º Be a resident of Alberta for 12 consecutive months before the start of your program º Be enrolled in a full-time nursing program designated for provincial funding º Plan to live and work in northern Alberta upon completion of your program and sign a return-of-service agreement º Must not be in default of a provincial student loan

[77] Source: Prairie Research Associates (PRA). *Étude sur les incitatifs financiers au recrutement de personnel en santé [Financial incentives for healthcare staff recruitment: A study].* Submitted to Santé en français (Manitoba).

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Medical and Dentistry Student Bursary	Alberta	Medical and dentistry students	$12,000 or $24,000 per year for up to four years	Yes	Financial incentive to encourage medical students to practice in northern Alberta after graduation. This bursary does not have to be repaid if the recipient agrees to live and work in the North. Return of service is one year of full-time employment in their field of study for each year of bursary support received. Students must apply for the bursary for each year they want to be considered. $12,000 option: The student agrees to live and work anywhere in northern Alberta upon completion of their program. $24,000 option : The student agrees to live and work in a specific region or community in northern Alberta upon completion of their program.	º Be a resident of Alberta for 12 consecutive months before the start of your program º Be enrolled in a full-time medicine program designated for provincial funding º Plan to live and work in northern Alberta upon completion of your program and sign a return-of-service agreement º Must not be in default of a provincial student loan
Pharmacy Student Bursary	Alberta	Pharmacy students	$6,000 or $12,000 per year for up to four years	Yes	Financial incentive to encourage pharmacy students to practice in northern Alberta after graduation. This bursary does not have to be repaid if the recipient agrees to live and work in the North. Return of service is one year of full-time employment in their field of study for each year of bursary support received. Students must apply for the bursary for each year they want to be considered. $6,000 option: The student agrees to live and work anywhere in northern Alberta upon completion of their program. $12,000 option: The student agrees to live and work in a specific region or community in northern Alberta upon completion of their program.	º Be a resident of Alberta for 12 consecutive months before the start of your program º Be enrolled in a four-year bachelor of pharmacy program designated for provincial funding º Plan to live and work in northern Alberta upon completion of your program and sign a return-of-service agreement º Must not be in default of a provincial student loan

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Northern Alberta Development Council Bursary	Alberta	Students	$6,000 per year for up to two years	Sometimes	Financial incentive to encourage students to train for jobs that are in demand in northern Alberta. Medicine and healthcare are among the careers that are in very high demand. This bursary does not have to be repaid if the recipient agrees to live and work in the North. Return of service is one year of full-time employment in their field of study for each year of bursary support received. Students must apply for the bursary for each year they want to be considered.	º Be a resident of Alberta for 12 consecutive months before the start of your program º Be enrolled in a full-time post-secondary program designated for provincial funding º Be registered in a program that is at least 12 weeks in length for half of a bursary or 16 weeks for a full bursary º Be entering your last or second to last year of your post-secondary program º Must not be in default of a provincial student loan
B.C. Loan Forgiveness Program	British Columbia	Recent graduates	Forgiveness of the outstanding B.C. portion of your Canada-B.C. integrated student loan debt at a rate of up to 20% per year for up to five years	Yes	Recent graduates in select in-demand occupations can have their student loans forgiven by agreeing to work at publicly funded facilities in underserved communities, or working with children in occupations where there is an identified shortage. Eligible occupations in underserved communities are: nursing, physician, midwifery, medical laboratory technologist, diagnostic medical sonographer, speech language pathologist, audiologist, occupational therapist, physiotherapist, respiratory therapist and polysomnographer. To receive the maximum debt forgiveness of 20%, recent graduates must perform at least 400 hours of in-person service.	º Be in repayment of an outstanding B.C. student loan (not restricted in default, delinquent or bankruptcy) º Have graduated from an accredited post-secondary educational institution º Are or will be employed (full-time, part-time, and/or casual/on-call) at a publicly funded facility in an eligible occupation º Not be enrolled in full-time post-secondary studies

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Graduate Registered Nurses—Nursing Recruitment Incentive Program	Prince Edward Island	Nursing students completing a registered nursing program	One-time payment of $5,000	Yes	The program aims to provide meaningful employment opportunities for recent graduates and to fill vacant Registered Nurse positions with Health PEI. A return-of-service agreement must be signed and approved. Opportunities include a guarantee of two years (3,900 working hours) of full-time employment with Health PEI. They also include permanent status with Health PEI, which includes vacation and sick leave benefits, health and dental benefits, seniority hours and pension benefits. Students from all recognized Canadian nursing programs, including out-of-province programs, are encouraged to apply.	º Students completing the last year of a recognized Canadian Bachelor of Nursing program or those completing a full RN Bridging/Re-Entry program º Registered nurses who are not in sponsorship programs for nursing studies or the recent graduate employment guarantee program º Applicants who are eligible for registration with the College of Registered Nurses of Prince Edward Island º Applicants who are legally entitled to work in Canada
Experienced Registered Nurses—Nursing Recruitment Incentive Program	Prince Edward Island	Registered nurses	One-time payment of $5,000	Yes	The program provides incentives to experienced Registered Nurses to fill designated hard-to-recruit vacancies within Health PEI. A two-year return-of-service agreement must be signed by the applicant and the employer prior to the commencement of work.	º Have graduated from a recognized Bachelor of Nursing program at last 12 months prior to the date of application for this program º Not a current resident of Prince Edward Island º Be legally entitled to work in Canada º Have experience working as a registered nurse º Not be working for Health PEI or the province of Prince Edward Island at the time of application º Be eligible for registration with the College of Registered Nurses of Prince Edward Island
Graduate Nurse Practitioners—Nursing Recruitment Incentive Program	Prince Edward Island	Nursing students completing a nurse practitioner program	One-time payment of $5,000	Yes	The program aims to provide meaningful employment opportunities for recent graduates and to fill vacant nurse practitioner positions with Health PEI. A return-of-service agreement must be signed and approved. Opportunities include a guarantee of two years (3,900 working hours) of full-time employment with Health PEI. Students from all recognized Canadian nurse practitioner programs, including out-of-province programs, are encouraged to apply.	º Students completing the last year of a recognized Canadian master's degree in nursing as a Nurse Practitioner º Applicants who have completed the requirements to graduate from an approved and recognized Nurse Practitioner program º Applicants who are eligible for registration with the College of Registered Nurses of Prince Edward Island º Applicants who are legally entitled to work in Canada

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Experienced Nurse Practitioners—Nursing Recruitment Incentive Program	Prince Edward Island	Nurse practitioners	$15,000 in three payments of $5,000	Yes	The program provides incentives to experienced nurse practitioners to fill designated high-demand vacancies within Health PEI. A three-year return-of-service agreement must be signed by the applicant and the employer prior to the commencement of work.	º Have successfully completed a master's degree in Nursing as a nurse practitioner or be a graduate of an approved and recognized nurse practitioner program º Not a current resident of Prince Edward Island º Be legally entitled to work in Canada º Have experience working as a nurse practitioner º Not be working for Health PEI or the province of Prince Edward Island at the time of application º Be eligible for registration with the College of Registered Nurses of Prince Edward Island
Financial Incentives for Physicians	Prince Edward Island	Physicians	One-time payment of $90,000 (family medicine) One-time payment of $40,000 (specialists) One-time payment of $80,000 (anesthesiologists and psychiatrists)	Yes	These financial incentives are designed to attract and retain physicians to designated areas on Prince Edward Island. A family medicine physician can get a financial grant with a return-of-service commitment of up to a maximum of $90,000. Specialist physicians may receive a return-of-service grant of $40,000 with a three-year return-of-service commitment. Specialty positions that become vacant will be reviewed on a case-by-case basis and a decision on eligibility for financial incentives will be made depending on labour market demand. Qualified and authorized anesthesiology and psychiatry applicants may receive an $80,000 return-of-service grant with a four-year commitment (7,800 hours). Physicians who relocate to the province may receive reimbursement of moving expenses up to $10,000, attached to a three-year return-of-service agreement with Health PEI.	To be eligible, physicians must be relocating from out of province or be a participant in the PEI Family Medicine Residency Training Program and not presently in another return-of-service commitment.

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Personal Care Home Grant (Nursing Recruitment and Retention Fund)	Manitoba	Nurses	$2,000	Yes	To encourage nurses to work in personal care homes, the NRRF supports grants to eligible registered nurses, registered nurses (extended practice), registered psychiatric nurses and licensed practical nurses in exchange for a return-of-service agreement.	º Be a nurse with an active practice licence. Graduate nurses must provide approval from the respective regulatory college to certify their right to practice º Be newly hired and have not been employed in any personal care home in the last six months º Have a permanent or term position for a duration of at least one year as a direct caregiver in a licenced establishment º Accept and comply with the conditions of a return-of-service commitment of 12 months
Relocation assistance *(*Nursing Recruitment and Retention Fund)	Manitoba	Nurses	Up to $5,000	Yes	The “Come Home to Manitoba” campaign was established to support recruitment of nurses to Manitoba, offering relocation assistance of up to $5,000 for nurses who come to this province to work. Applicants must agree to work in a nursing position in Manitoba for a minimum of one year. Applications must be submitted within 12 months of moving to Manitoba. Nurses returning to Manitoba must have resided outside of the province for a minimum of one year.	º Have confirmed full or part-time employment (minimum .6 FTE) in an approved permanent, or term nursing position of at least one-year duration. Casual positions are not eligible º Have a confirmed nursing position as a direct caregiver or first-level nursing manager with an approved employer in Manitoba º Provide suitable proof from a nursing college confirming that the applicant is authorized to practice as a nurse

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Bilingual / French Requirement Nursing Position Grant (Nursing Recruitment and Retention Fund)	Manitoba	Nurses	$2,000	Yes	To encourage nurses to work in a recognized bilingual/ Francophone facility or participate in a recognized bilingual/Francophone program, the NRRF supports the allocation of funding to eligible nurses for a return-of-service commitment.	º Be a bilingual/Francophone nurse with an active practice licence. Graduate nurses must provide proof from their respective regulatory college confirming that they have the right to practice º Be newly hired to a position where bilingualism/French language is a requirement and have not been employed in any such position in the last six months º Be employed as a direct caregiver by an approved employer in a permanent or term position for a duration of at least one year and 0.6 FTE or higher º Accept and comply with the conditions of a return-of-service commitment of 12 months
Conditional Grant for Manitoba's Nursing Graduates (Nursing Recruitment and Retention Fund)	Manitoba	Nurses	Up to $4,000	Yes	This program was established to encourage new graduates to relocate to rural communities in Manitoba, subsequently reducing the number of rural nursing vacancies.	º Be a recent graduate from an approved program and within six months of initial registration as a Registered Nurse (RN), Registered Psychiatric Nurse (RPN), Licensed Practical Nurse (LPN) or Registered Nurse Extended Practice (RNEP) º Be willing to relocate to a site in rural or northern Manitoba º Have written confirmation of employment in a permanent or term nursing position of 0.6 FTE or higher. Casual positions do not qualify for the grant º Be willing to return service for a period of twelve months º Be a Manitoba nursing graduate º Apply within six months of initial registration with the appropriate regulatory college

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Recruitment Incentives for New Physicians and Medical Residents	New Brunswick	Physicians	$20,000 or $30,000 (urban area) $80,000 (rural area)	Yes	The objective of this program is to provide recruitment incentives to newly hired medical residents and specialists in designated fields. Recruitment incentive offers are conditional on the reception of an employment offer from one of the Regional Health Authorities and are subject to approval from the Department of Health. Return of service is two years in urban areas and four years in rural areas.	Incentives are available to medical residents in family medicine and specialists in designated fields who are in their last year of residency, as well as to new physicians up to six months prior to their start date.
South Shore Bursary Program	Nova Scotia	Healthcare students	Up to $7,500	Yes	The South Shore Bursary Program offers bursaries of up to $7,500 to students pursuing health-related careers. Successful bursary recipients will be required to enter into a Return-of-Service Agreement, post-graduation, with the Nova Scotia Health Authority, and be required to work in the South Shore geographical area. The successful recipient will agree to be employed by the Nova Scotia Health Authority for no fewer than the same number of years that the recipient was provided support by the Bursary Program.	High school, college and university students from Lunenburg and Queens Counties are eligible to apply.
Cumberland Health Care Careers Bursary Program	Nova Scotia	Healthcare students	Up to $5,000 per year		The Cumberland Health Care Careers Bursary is an innovative undertaking of the Nova Scotia Health Authority (NSHA) and the five healthcare foundations serving Cumberland County. The primary goal of the program is to assist the NSHA in addressing anticipated human resource shortages in various health care professions in the upcoming years. The program is also intended to encourage Cumberland County's young people to come back to this area to live and work following graduation from post-secondary training. Students must sign a return-of-service agreement to work an equivalent number of years after graduation in exchange for the number of years the bursary is accepted.	Only Cumberland County students are eligible.

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Northern Physician Retention Initiative	Ontario	Physicians	Bonus of $7,267.46 at the end of each fiscal year	Yes	The Northern Physician Retention Initiative was established as an initiative under the 2000 Ontario Medical Association (OMA) Framework Agreement to enable eligible physicians in Northern Ontario to receive the equivalent of a bonus. It aims to support the recruitment and retention of physicians in northern Ontario and to encourage physicians to maintain active hospital privileges. Northern Ontario is defined as the districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Muskoka, Rainy River, Sudbury, Thunder Bay and Timiskaming. Physicians receive a $7,267.46 retention incentive paid at the end of each fiscal year in which they continue to practice full-time in northern Ontario. The Northern Physician Retention Initiative is targeted at general or family practitioners and specialists who continue to practice full-time in northern Ontario.	º At the time of application, have completed a minimum of four years of continuous full-time practice in Northern Ontario and continue to practice full-time in Northern Ontario until the end of the current fiscal year º Maintain a full-time fee-for-service practice, work full-time in a Community Health Centre or approved alternate payment plan arrangement, or work full-time as a hospitalist º Hold a valid certificate of registration to practice medicine in Ontario from the College of Physicians and Surgeons of Ontario º Hold a certificate from The Royal College of Physicians and Surgeons of Canada in a specific speciality (if applicable) º Hold an OHIP billing number and have billing privileges º Hold hospital privileges, or have been in practice in Ontario for more than 25 years, during which time the physician held active hospital privileges; maintain another recognized medical staff category in the hospital; continue to maintain a full-time community practice
Rehabilitation Professionals Incentive Grant Program	Ontario	Rehabilitation professionals	$5,000 per eligible year for up to three years	Yes	The objective of the program is to attract audiologists, chiropodists, occupational therapists, physiotherapists and speech language pathologists to fill vacant positions funded by the Ministry of Health and Long-Term Care (MOHLTC) in northern Ontario. The program offers taxable grants of up to $5,000 per eligible year, to a maximum of $15,000, paid over a three-year period. Attract audiologists, chiropodists, occupational therapists, physiotherapists and speech language pathologists to fill vacant positions funded by the Ministry of Health and Long-Term Care (MOHLTC) in northern Ontario.	º Be registered with the applicable college to practice in Ontario in accordance with professional requirements º Be a Canadian citizen or permanent resident º Have accepted a full-time offer of employment in a MOH fully funded position in an eligible community in Northern Ontario º Have not previously received an incentive grant through this program

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Physician Outreach Program for General/Family Practitioners	Ontario	Family physicians	Honorarium of $210.02 or stipend of $525.04 plus honoraria of $210.02 for each day of outreach service (primary care clinics) $300 per month per nursing station (medical telephone backup)	No	<u>Primary care clinics</u> A program where authorized physicians under arrangement with the Underserviced Area Program (UAP) travel to provide primary care services at UAP-funded nursing stations for up to two days per week <u>Physician telephone backup</u> Authorized physicians under arrangement with the UAP provide formal backup by telephone for delegated acts to nurses/nurse practitioners working in UAP nursing stations. The physician(s) provide immediate and direct telephone backup to nurses/nurse practitioners requesting assistance.	Physicians authorized to work under the UAP
Tuition Support Program for Nurses	Ontario	Recent nursing graduates	Unspecified maximum	Yes	The Tuition Support Program for Nurses offers tuition reimbursement to recent nursing graduates from rural and remote communities who are new College of Nurses of Ontario registrants and who choose to do a return of service in an eligible underserviced community. Recipients must agree to one year of service in return for each year of tuition reimbursement. Applicants can apply for reimbursement for some or all of their nursing education.	Nurse practitioner, registered nurse and licensed practical nurse graduates who apply within one year of having graduated from a Canadian university or college.

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Scholarship program – Specialized nurse practitioner student	Quebec	Nursing students	$60,000	Yes	A scholarship program is offered to financially support nurses who want to enroll in graduate studies to become a specialized nurse practitioner (SNP). This scholarship program is currently being reviewed and will be published with new terms and conditions and eligibility criteria. Scholarship recipients agree to provide three years of service once their training is completed, or the equivalent of 4,725 hours worked with clients in a health and social services institution identified by the Ministère de la Santé et des Services sociaux.	º Be unconditionally accepted to an SNP program at a Quebec university º Be a resident of the province of Quebec º Be enrolled in an SNP program full-time or part-time (according to university standards) º Commit to successfully completing the university program for which the SNP student is enrolled in order to receive the full scholarship º Commit to providing three years of service upon completion of their training, or the equivalent of 4,725 hours worked with clients in a health and social services institution identified by the Ministère de la Santé et des Services sociaux º Commitments made when the first instalment of this $60,000 program is paid by direct deposit are not subject to the terms and conditions of any collective agreements
Scholarships for certain technical and professional health and social services positions in remote areas	Quebec	Students	30 scholarships of $30,000 available over two years	Yes	To facilitate hiring in these areas, the health and social services network offers scholarships to students in relevant programs for the final or final two years of their university or technical education. The current list of job titles eligible for these scholarships includes social workers, psychologists, occupational therapists, physiotherapists, audiologists and speech language pathologists. In exchange for the scholarship, applicants must enter into a written agreement to return to the sponsoring institution as full-time employees for a minimum of three years upon completion of the studies for which they received their scholarship.	º Be a Canadian citizen or permanent resident and have lived in Quebec for at least 12 months º Be admitted to a full-time program of study and complete the program as a full-time student º Apply before beginning the final year or final two years of their education

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Final Clinical Placement Bursary	Saskatchewan	Healthcare students	$2,000	Yes	The Final Clinical Placement Bursary is offered to healthcare students in a discipline that requires the completion of a final clinical placement as part of training. The aim of the Final Clinical Placement Bursary is to recruit and retain healthcare professionals who are needed to meet the needs of the Saskatchewan population. The bursary is offered to healthcare students in a discipline that requires the completion of a final clinical placement as part of training. Bursaries are awarded to individuals who sign a one-year return-of-service agreement to work in a publicly approved and funded position in rural or northern areas of Saskatchewan after graduating.	º Be a resident of Saskatchewan and have a valid Saskatchewan health card º Apply for the Final Clinical Placement Bursary before completing the clinical placement º Complete a return of service in a publicly funded and approved position in a rural or northern area of Saskatchewan (all communities outside of Regina and Saskatoon are considered rural for the purposes of this bursary) º Applicants must not hold a paid clinical placement position
Graduate Retention Program	Saskatchewan	Graduates who live or plan to live in Saskatchewan	Tax credit of between $3,000 and $20,000 of tuition fees paid	No	Saskatchewan's Graduate Retention Program provides a rebate of up to $20,000 of tuition fees paid by eligible graduates who live in Saskatchewan and who file a Saskatchewan income tax return.	º Graduated from an approved post-secondary program and applied within seven years of graduation º Already live in Saskatchewan or are moving to Saskatchewan º An approved program must be equivalent to at least six months of full-time study at an eligible institution, result in a certificate, diploma, or undergraduate degree, or provide journeyperson certification.

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Saskatchewan Student Loan Forgiveness for Nurses and Nurse Practitioners program	Saskatchewan	Nursing staff	Up to $4,000 per year for five years		The Saskatchewan Student Loan Forgiveness for Nurses and Nurse Practitioners program is intended to encourage nurses and nurse practitioners to work in smaller communities. Nurses and nurse practitioners will receive forgiveness of one-fifth (20%) of their outstanding Saskatchewan Student Loan debt, up to $4,000 annually, for up to five years, to a maximum of $20,000.	º Be employed as an eligible nurse or nurse practitioner in a designated rural or remote community º Have worked for a full year in a designated community. Applicants must also be beginners in that profession or new to that community º Have provided in-person services for a minimum of 400 hours in that community º Have a valid licence to practise in Saskatchewan as a Registered Nurse (RN), Registered Psychiatric Nurse (RPN), Licensed Practical Nurse (LPN) or Nurse Practitioner (NP) º Have a Saskatchewan Student Loan in repayment (or in your grace period) and in good standing
Undergraduate Medical Student Bursary Program	Newfoundland and Labrador	Medical students	$7,500	Yes	This program is one of two incentives of the Provincial Physician Bursary Program, which is designed to attract undergraduate medical students and medical residents to commence practice in designated areas of need in Newfoundland and Labrador upon obtaining full licensure in this province. The amount of each bursary is $7,500 per student. These will be awarded on a first-come, first-serve basis up to a maximum of twenty-one (21) undergraduate medical student bursaries per fiscal year. The deadline for the application is March 31 of the third academic year with payment being made at the start of the fourth academic year.	Full-time students enrolled in the fourth academic year of the Undergraduate Medical Education Program at Memorial University in exchange for a twelve (12)-month provincial service agreement. Students enrolled in medical schools in other educational institutions are not eligible for these bursaries.

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Medical Resident Bursary Program	Newfoundland and Labrador	Medical students	Between $50,000 and $90,000 (specialist resident) Between $25,000 and $90,000 (family medicine resident)	Yes	This program is one of two incentives of the Provincial Physician Bursary Program, which is designed to attract undergraduate medical students and medical residents to commence practice in designated areas of need in Newfoundland and Labrador upon obtaining full licensure in this province. The program provides bursaries to medical residents who agree to provide service in a specific community in Newfoundland and Labrador upon obtaining full licensure. The service requirement for one (1) medical resident bursary is thirty-six (36) months.	º Medical school undergraduates from Memorial University completing the final two years of their post-graduate medical education in Newfoundland and Labrador or in other Canadian programs º Medical school undergraduates from another Canadian jurisdiction completing the final two years of their post-graduate medical education in Newfoundland and Labrador º Canadian medical school graduates having completed undergraduate medical school or postgraduate residency training at Memorial University and are completing subspecialty training accredited by the Royal College of Physicians and Surgeons of Canada
Physician Signing Bonus Program	Newfoundland and Labrador	Physicians	Between $50,000 and $90,000 (specialist) Between $50,000 and $90,000 (family medicine)	Yes	This Provincial Physician Signing Bonus Program will provide signing bonuses to newly recruited physicians who agree to practice in a position that is defined as difficult-to-fill in Newfoundland and Labrador. Recipients are eligible for one signing bonus. The return-of-service requirement for a signing bonus is 36 months. Recipients of the Medical Resident Bursary Program are not eligible for this signing bonus program.	º Not previously received a community-specific medical resident bursary or a signing bonus from a regional health authority (RHA) in Newfoundland and Labrador or from the Government of Newfoundland and Labrador to practice medicine in Newfoundland and Labrador º Agree to practice for thirty-six (36) months in a full-time position at a specific location upon obtaining full licensure º Have full licensure under the *Medical Act, 2011* to practice as a physician in Newfoundland and Labrador
Bachelor of Nursing Bursaries	Newfoundland and Labrador	Nursing students	$5,000 per year (for 1,950 hours of service) for up to two years	Yes	Bachelor of Nursing Bursaries provide financial assistance to students of the Bachelor of Nursing (Collaborative) Program who agree to accept employment in a difficult-to-fill position and fulfill a service commitment. A signed service agreement is required for each recipient receiving a bursary. Service agreements signed with a RHA are legally binding contracts.	º Students enrolled in the final year of the Bachelor of Science in Nursing (Collaborative) Program in Newfoundland and Labrador º Students enrolled in the final year of the Bachelor of Science in Nursing Program, accelerated option, in Newfoundland and Labrador º Residents of Newfoundland and Labrador who are enrolled in the final year of an approved Bachelor of Nursing program in another Canadian jurisdiction

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Bachelor of Nursing Practice Course Grant	Newfoundland and Labrador	Nursing students	$750 per eligible course	No	This grant provides financial assistance with tuition and practice-related expenses for two clinical courses.	Applies to students enrolled in the following courses in Newfoundland and Labrador: • NURS 3523 Extended Practice III • NURS 4516 Consolidated Practicum
Nurse Practitioner Bursary	Newfoundland and Labrador	Nursing staff	$5,000 per year (for 1,950 hours of service) for up to two years	Yes	The purpose of the Nurse Practitioner (NP) Bursary is to provide financial assistance to nurses who are enrolled in a NP education program and agree to accept employment in a difficult-to-fill position and fulfill a service commitment.	º Individuals enrolled in an accredited Nurse Practitioner Program in Newfoundland and Labrador º Residents of Newfoundland and Labrador who are enrolled in an accredited Nurse Practitioner Program in another Canadian jurisdiction
Rural Nursing Student Incentive Program	Newfoundland and Labrador	Nursing students	Up to $1,500	Yes	The objective of the Rural Nursing Student Incentive Program is to provide travel-related funding assistance (up to $1,500) to nursing students in their fourth year of studies to undertake community placements in rural areas of the province during their four-week course: 4512 – Community Health Practicum. Funds are forwarded from the Department of Health and Community Services to the Memorial University School of Nursing; the Memorial University School of Nursing is responsible for the administration of these funds.	Students enrolled in the 4512 – Community Health Practicum course
Signing Bonuses	Newfoundland and Labrador	Healthcare professionals	Between $3,000 and $8,000 per year, depending of the category of the position to be filled (up to two years)	Yes	Signing bonuses are available for selected positions in 26 health occupation categories. There is a list of health occupations that may include difficult-to-fill positions. These positions are eligible for a signing bonus for positions that appear in that list. A position is considered to be difficult to fill if it is vacant and has been the target of active recruitment efforts for more than two months without an appropriate applicant being identified.	Employers can submit a request to the Health Workforce Planning Division so a signing bonus can be attributed to a difficult-to-fill position.

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Health Professional Bursaries	Newfoundland and Labrador	Healthcare students	Between $3,000 and $10,000	Yes	The awarding of bursaries for difficult-to-fill health professional positions is based on vacancies that exist within each Regional Health Authority (RHA). Bursaries are available to students who sign a service agreement. The bursary is a maximum of $10,000 with a required service obligation of 3,900 or 3,640 hours (as applicable). A maximum of $5,000 with a 1,950 or 1,820 (as applicable) hour service obligation is also available. For physiotherapy and occupational therapy in St. John's, the bursary is generally $3,000, with a 1,950 or 1,820 (as applicable) hour service obligation.	Health professional positions are based on vacant positions within each RHA. Bursaries are available to students who sign a service agreement.
Radiation Therapy	Newfoundland and Labrador	Radiation therapy students	Unspecified amount	Yes	Eastern Health has partnered with the Michener Institute for Applied Health Sciences in Toronto, Ontario, to place qualifying students from Newfoundland and Labrador in the Radiation Therapy Program. Radiation Therapists use advanced computer systems and radiation therapy equipment to design and implement treatment plans for cancer and other diseases. Funding support for tuition, books and bursaries may be available if a student is willing to sign a service commitment agreement to work in NL Health Services upon graduation.	Radiation therapy students at Toronto's Michener Institute for Applied Health Sciences.

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Seat Purchase Program Dalhousie University	Newfoundland and Labrador	Occupational therapy and physiotherapy students	No associated payment (seat purchase)	No	The Seat Purchase Program at Dalhousie University in Halifax reserves 10 physiotherapy seats and eight occupational therapy seats at Dalhousie University for Newfoundland and Labrador residents. The Department of Health and Community Services funds the purchase of these 18 seats to ensure that students from Newfoundland and Labrador can access the occupational therapy and physical therapy programs. There is no associated return of service. When students apply to the occupational therapy or physical therapy program at Dalhousie University, Dalhousie informs them of these places. During their education at Dalhousie, students are encouraged to look for a job in one of Newfoundland and Labrador's RHAs and take advantage of available incentives.	Students who are residents of Newfoundland and Labrador.
Dental Bursary Program	Newfoundland and Labrador	Dentistry students	$25,000 per bursary	Yes	The program has two components, the Rural Dental Bursary Program and the Specialist Bursary Program. Recipients of the Rural Dental Bursary are required to fulfill their practice commitment in a rural area determined by the province. For the Specialist Bursary Program, applicants are required to work in an in-need area upon graduation. Each bursary is valued at $25,000. Students must apply annually for bursaries and are eligible to receive a maximum of three bursaries in each component of the Program for a total of $150,000. In exchange for each bursary received, bursary recipients are required to commit to one year of service in rural or in-need areas of the province.	Recipients will be determined through a competitive application process and while the program is open to Canadian citizens, preference is given to students from Newfoundland and Labrador. To be eligible, an applicant must be accepted into an accredited dental program or specialty program recognized by the Newfoundland and Labrador Dental Licensing Board.

Table: List of programs with financial incentives in Canada						
Program Name	**Jurisdiction**	**Target**	**Allocated Amount**	**Return of Service**	**Description**	**Eligibility Criteria**
Educational Salary Advance Program	Newfoundland and Labrador		Up to 66.6% of an annual salary	No	The purpose of the Educational Salary Advance Program is to allow employees to finance a planned leave of absence, of between six and 24 months, to complete an education program on a full-time basis. Employees may advance a portion of their salary (before deductions) during the leave of absence, and repay the advance over a specified timeframe upon returning to work. A maximum of 66.6 per cent of an annual salary (before deductions) may be advanced directly to the Recipient on a bi-weekly basis for a period of six to 24 months depending on the length of the educational program.	Permanent employees with a minimum of 12 months' continuous service with the RHA may apply for enrolment in the Educational Salary Advance Program. Employees must be enrolled in an education program on a full-time basis.
Canadian Nurses Foundation scholarships	Canada	Nursing staff	Between $750 and $10,000	No	The Canadian Nurses Foundation provides more than 70 scholarships for nursing students across Canada at the baccalaureate, master's and Ph.D. levels. These scholarships are awarded based on merit.	º Must be a Canadian citizen or permanent resident of Canada º Must be enrolled in a nursing program in Canada
Sources: Employment and Social Development Canada, 2017; Government of Saskatchewan, n. d.; Government of Ontario, n. d.-b, n. d.-a, n. d.-d, n. d.-d, n. d.-c; Government of Manitoba, n. d.-a, 2013; Government of New Brunswick, 2020; Government of Quebec, n. d.-b, n. d.-a; Government of Newfoundland and Labrador, n. d.; Government of Prince Edward Island, 2019a, 2019b, 2019c, 2020a, 2020b; HealthCareersInSask.ca, n. d.; NADC, n. d., 2021a, 2021c, 2021b; Nova Scotia Health Authority, n. d., 2020; StudentAidBC, n. d.						

Annex 5 - Registered Nurse Incentives Atlantic Canada

Jurisdictional Scan – October 2022

Prov.	Incentive Type	Amount	Details
NL	Signing Bonus (LPNs, RNs & NPs)	$5,000 to $10,000	• Available per year (1950 hours) of service commitment, with the amount doubled for two years (3900 hours) service commitment. Eligibility and amount vary based on location.
	Come Home 2022 Incentive (LPNs, RNs & NPs)	Come Home • NP: $60,000 • RN: $50,000 • LPN: $50,000 OR New to NL • NP: $30,000 • RN: $25,000 • LPN: $25,000	• Three-year return-in-service agreement • In order to qualify for the Come Home program, at least one of the following criteria must be applicable: ○ Born in Newfoundland and Labrador ○ Trained in Newfoundland and Labrador ○ Performed residency in Newfoundland and Labrador ○ Educated in Newfoundland and Labrador ○ Previously practiced in Newfoundland and Labrador ○ Have other ties to Newfoundland and Labrador considered on a one-off basis, using the professional judgment of the Regional Health Authority in the spirit and intent of this incentive.
NS	Signing Bonus (LPNs, RNs & NPs)	Up to $10,000	• To attract nurses to “hard to recruit” locations outside Halifax or “hard to recruit” specialties.
	Relocation Assistance (LPNs, RNs & NPs)	Up to $5,000	• Eligibility determined by employer

NB	Provincial Incentive Program (LPNs, RNs & NPs)	Up to $10,000	• All newly hired employees who accept a hard-to-recruit full / part-time position will receive an incentive of up to $10,000. • The amount of the incentive and return of service is pro- rated for part-time positions.
	Horizon Relocation Incentive (LPNs, RNs & NPs)	$5,000	• Up to $1,500 for relocating within New Brunswick. • Up to $3,000 for relocating from the other Atlantic Provinces, Quebec, or Ontario. • Up to $5,000 for relocating from Western Canada and other countries.
	Horizon Rural Incentive (LPNs, RNs & NPs)	$5,000	• This amount does not vary. • It is applicable to permanent positions in the rural communities of St. Stephen, Grand Manan, Perth-Andover, Miramichi, Oromocto, Sussex, Waterville, and Sackville.
PE	RNIP (RN Graduate)	$5,000	• There is a two-year (3,900 working hours) return- in-service agreement that must be signed by the applicant and the employer prior to the commencement of work.
	RNIP (Experienced RN)	$5,000	• There is a 1,950 working hour return-in-service agreement that must be signed by the applicant and the employer prior to the commencement of work.
	RNIP (Graduate NP)	$5,000	• There is a two-year (3,900 working hours) return- in-service agreement that must be signed by the applicant and the employer prior to the commencement of work.
	RNIP (Experienced NP)	$15,000	• Amount payable in three instalments of $5,000, with three-year return-in-service agreement that must be signed by the applicant and the employer prior to the commencement of work.