

# The Future of the Regional Training Centres: Planning for Sustainability

## L'avenir des Centres régionaux de formation : planifier la durabilité

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## **Abstract**

The main objective of the Regional Training Centres (RTCs) is to produce well qualified personnel within the fields of health services and nursing research. Through their collaborative efforts, each of the RTCs has created opportunities for conceptual and methodological competency, knowledge synthesis and knowledge translation and exchange for graduate students, as well as for community-based decision-makers across a variety of areas in applied health and nursing services research. Now, the RTCs face the challenge of envisioning their future. The task is not merely to describe what is, nor what will be, but rather to envision what could be. The purpose of this paper is to describe a plan for sustainability, not only financially but also with respect to management of human resources, student development and collaboration among the partners who make up the collective that is a Regional Training Centre.

## **Résumé**

Le principal objectif des Centres régionaux de formation (CRF) était de produire du personnel qualifié dans le domaine de la recherche en services de santé et de soins infirmiers. Grâce à leurs efforts de collaboration, chaque CRF a créé des occasions d'application des compétences conceptuelles et méthodologiques, de synthèse des connaissances, et d'application et d'échange des connaissances pour les étudiants des cycles supérieurs, ainsi que d'établissement de partenariats communautaires avec des décideurs provenant d'une multitude de domaines de la recherche appliquée en services de santé et de soins infirmiers. Les CRF doivent maintenant envisager leur avenir. Il ne s'agit pas simplement de décrire ce qui est, ou ce qui sera, mais plutôt d'envisager ce qui pourrait être. Comme dans tous les exercices de visualisation, cet article vise à décrire un plan de durabilité, non seulement sur le plan financier, mais également en ce qui concerne la gestion des ressources humaines, le perfectionnement

des étudiants et la collaboration entre les partenaires qui forment un Centre régional de formation.

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## Key messages

- Given that future funding is not guaranteed, the RTCs must explore options for sustainability, not only financially but also with respect to management of human resources, student development and collaboration among partners.
- In order to ensure future sustainability, the RTCs must expand partnerships to broaden the base of stabilization.
- As the health sector embraces research and evidence-informed activities, the RTCs will maintain their existence.

**I**N THE LATE 1990S, THE CANADIAN HEALTH SERVICES RESEARCH Foundation (CHSRF) and the Canadian Institutes of Health Research (CIHR) partnered to commit 10 years of financial support to the creation and development of Regional Training Centres (RTCs). The RTCs were established to increase capacity in applied health and nursing services research at the master's and doctoral levels in Canada. Currently, there are four RTCs, each of which represents a consortium of universities collaborating in Quebec, Ontario, and the Atlantic and Western regions. The Atlantic Regional Training Centre (ARTC) offers a stand alone joint master's degree in applied health services research as well as an interdisciplinary doctoral program. The Centre FERASI of Quebec (Centre de formation et d'expertise en recherche en administration des services infirmiers) grants graduate degrees with an emphasis on training and expertise in research applied to administration of nursing services. The Ontario Training Centre (OTC) in Health Services and Policy Research enables consortium members to offer a graduate diploma in health services and policy research.<sup>1</sup> The Western Regional Training Centre (WRTC) supports training of applied health services researchers and offers students an option to join graduate degree programs in departments that are associated with the WRTC, or as affiliate students who continue to pursue their degree in a department not associated with the WRTC.

The main objective of the RTCs was to produce qualified personnel (primarily graduate students) who would build capacity for research and knowledge translation and exchange (KTE; see D'Amour et al. 2008) within the field of applied health and nursing services research. In order to achieve the RTC mandate, the first step was to develop an essential infrastructure that would ensure success. Initially, the infrastructure was based on an explicit plan to provide training and financial support to graduate students interested in health services and nursing research. However, within a very

short time, the addition of new programs, such as Executive Training for Research Application (EXTRA), as well as other activities (e.g., Research Use Weeks, short courses and intra-provincial support for local initiatives such as Summer Institutes and regional workshops) expanded the learning infrastructure to represent a dynamic interaction among non-government organizations, academia and healthcare decision-makers. Through the collaborative efforts of individuals in each of these sectors, the RTCs created opportunities for conceptual and methodological competency, knowledge synthesis and KTE for graduate students and community-based decision-maker partners across a variety of areas in applied health and nursing services research.

Given that the current federal funding is expected to end in 2011/2012,<sup>2</sup> we are faced with the task of envisioning the Regional Training Centres of the future. The purpose of this paper is to explore options for sustainability, not only financially but also with respect to management of human resources, student development and collaboration among the partners who make up the collective of each RTC.

## On the Sustainability of Regional Training Centres without Continued Funding

While the RTCs have demonstrated tremendous growth over the past five years, there is little doubt that the greatest threat to future sustainability is uncertainty about the continuation of adequate financial support. To this end, the RTCs have begun discussions towards planning for future sustainability with respect to financial support and the ability to develop qualified personnel. Further, while the generic issues are consistent across the RTCs, there are regional challenges that differ as a result of external pressures. The RTCs of the future will create a landscape that addresses the cross-country collaboration while respecting local and regional expectations to ensure sustainability.

For example, the WRTC has initiated a plan to reconfigure funding sources and funding delivery. The main components of a new funding model will include the Health Authorities/Regions across Western Canada, major provincial funding agencies (e.g., the Michael Smith Foundation for Health Research in British Columbia) and the primary universities in Western Canada. The concept is based on a sustainable partnership in which capacity enhancement is expanded from a graduate student focus to a model that integrates graduate student development and Health Authority/Region staff training. This reorientation is expected to enhance the integration of professional development programs for decision-makers into a closer liaison with the academic partners of the WRTC.

Similar to other RTCs, the ARTC continues to redesign its structure to ensure future success and sustainability. The primary expectation is that following the

restructuring process, there will be an explicit interaction between universities and decision-makers. The ARTC of the future will maintain the autonomy of the individual partners while working cohesively to ensure future success.

This planning approach is not limited to the WRTC and ARTC but has also been initiated in Ontario and Quebec. For example, Centre FERASI is seizing upon challenges raised by the need to renew emphasis on training leadership in nursing within the context of aging, and recognition of the possibility of future shortages in the nurse workforce, to extend its training programs and research activities and to create new partnerships. To this end, FERASI is currently engaged in a review of its mission and redefining its activities. The centre is striving to create a sustainable program that recognizes the importance of developing future personnel who will assume research and management roles in nursing services for healthcare delivery.

Each RTC understands the value of building on the strength of affiliations across universities, specialized academic units (e.g., nursing, public health, health administration and business), research centres and healthcare organizations to ensure future sustainability and continued knowledge translation and exchange.

## On the Academic Preparation of Graduate Students in Applied Health and Nursing Services Research

Developing an academic foundation to prepare graduate students for research in applied health and nursing services research has been a primary objective of the RTCs from the outset of the CHSRF CADRE program (see Conrad 2008 for a discussion of this program.) In short, the RTCs have been tremendously successful in meeting this objective. Although they will continue to face organizational challenges – political and geographic boundaries, university policies (e.g., limiting the number of credits students can take without paying additional tuition), restrictions from external governing councils<sup>3</sup> – each RTC has managed to execute a plan for graduate student development through formal academic preparation.

From the start of the CHSRF CADRE program, the RTCs have worked towards ensuring future sustainability by creating an academic thread that ties together each of the academic participants and their respective institutions through a unique open affiliation that includes sharing courses, mentorship, research opportunities and services among the partner universities. Typically, the RTC partnership is based on three main tenets: a commitment to fund graduate students at the master's and doctoral level; a commitment to deliver learning institutes or regional workshops at one of the partner institutions on a regular basis; and a commitment to provide both academic and practical training (e.g., courses, seminars, mentorship, practica and interdisciplinary research opportunities).

The essence of interdisciplinarity in KTE ensures the proliferation of additional opportunities. Although the fiscal support provided to the RTCs from sources that may include federal (CHSRF/CIHR), regional (provincial ministries) and local partnerships (decision-maker agencies) is helpful in attracting students to the various programs, it is expected that in time prospective opportunities for employment or career advancement for graduates of the RTC programs will become the primary motivator for student recruitment.

## On Providing a Cohort of Qualified Personnel for Decision-maker/Community Organizations

An essential determinant of success for the RTCs has been the development of partnerships that enable students and faculty to interact with decision-maker partners and healthcare system stakeholders in a variety of ways. Decision-maker partners are fundamental to the infrastructure of the RTCs, as they provide indispensable support through membership on RTC Advisory Boards, mentorship to students and membership on graduate committees, as well as opportunities for experiential education in a research or policy practicum, or by contributing research questions that eventually become the stimulus for graduate theses and dissertations.

In the future, the relationship between the RTCs and the decision-maker partners will continue to be nurtured because of acknowledged mutual benefits. For example, RTCs will seek assistance from their decision-maker partners to provide academic internship opportunities within their organizations. Conversely, decision-makers will look to the RTCs as the purveyors of advanced knowledge and, as such, the providers of trained personnel to assist them in a variety of tasks.

Future field placements for graduate students with decision-makers may increase from current levels (e.g., 200 hours of placement in the OTC) to extended term arrangements with specific payment schedules as currently practised within the WRTC. Post-doctoral fellowships paid for by the decision-maker partner agency could become the norm within post-program opportunities, while academic/theoretical support from highly specialized existing academic units may be provided on a fee-for-service basis back to the decision-maker. For example, linkages will be made with business schools (such as Sauder School of Business Centre for Health Care Management Research Program at UBC) that will enhance the range of analytic strategies for understanding contemporary issues in healthcare by providing a wider array of types of evidence for informed decisions.

This outreach model of community engagement is clearly in line with developments regarding schools of public health in several provinces and is articulated in most university mission statements. In early development, this model would enhance

university–community interaction to mutual advantage; provide much-needed continuing support to decision-makers; ensure a new generation of applied health and nursing services researchers, given the aging of the current senior leadership; and sustain and expand a successful training activity to produce a new generation of decision-makers adept at generating and receiving research evidence.

Similarly, as exemplified by the vision of the Centre FERASI, RTCs will continue to create a platform for building leadership for nursing services through training, research and knowledge translation and exchange. However, this direction requires the development of a range of new strategies, which may include a plan for increasing the clientele for training programs by introducing new programs in continuing education. Such programs are expected to increase the development of new initiatives that will build leadership in nursing management among current nurse decision-makers. For example, Centre FERASI is planning to extend its current international collaboration in areas of nursing services research, investing in research programs that will inform decision-making and will generate new courses in advanced nursing practice.

The RTCs continue to build on existing strengths and tangible resources as they consider new initiatives that will ensure future sustainability. For example, bearing in mind that expanding RTC membership helps to increase the quantity and quality of resources that could not otherwise be realized by any single institution, it is essential that the RTCs increase current membership to include academic institutions within their regions that were not engaged initially when the RTCs were created. This has been done effectively in the WRTC, with the recent addition of the School of Public Health and the Faculty of Nursing at the University of Alberta, as well as with a growing number of affiliated universities. Likewise, the Centre FERASI recently extended its membership to a fourth university by including the School of Nursing at the Université of Sherbrooke. As RTCs continue to produce qualified personnel who fill the void in existing employment positions and who set new directions and career paths, the RTCs must maintain a connection with this increasing network of graduates, especially those appointed to leadership positions within healthcare organizations or academic units.

Implementation of the RTC vision will require engagement of key stakeholders interested in developing a stronger leadership for applied health and nursing services research. The task of the RTCs will be to increase their capacity to mobilize teaching resources, provide greater expertise in domains related to health services administration and ensure an environment of support that generates excellence in research.

The health services delivery environment from which the decision-makers are drawn and where students find opportunities will continue to be perceived as an obvious career path for students graduating with skills in applied health and nursing services research. Conversely, healthcare system decision-makers will continue to

be viewed as the providers of a practical environment within which the theoretical knowledge learned by RTC students can be applied.

The RTCs must continue to provide financial support to students. Financial support by the CHSRF through the RTCs is necessary to attract students to the various program offerings. However, it is expected that in time, prospective opportunities for employment or career advancement for graduates of RTC-delivered programs will be more easily recognized and become the primary motivation for students to consider graduate-level training for careers in applied health and nursing services research.

## **On the Importance of the EXTRA Program and Similar Federal Initiatives**

An opportunity increasingly linked to RTCs, and supporting the overarching theme of developing individuals who can be considered well qualified in the field of applied health and nursing services research, is the Executive Training for Research Application, or EXTRA program (see Conrad 2008 for a discussion of this program). The RTCs' willingness to take on the EXTRA program, both through involvement in the planning and development stages as well as through its direct activities in recruitment of Fellows and mentors, demonstrates a level of commitment essential to future sustainability. Moreover, RTC involvement in the EXTRA program is an explicit confirmation of the value of working towards ensuring a linkage between the university partners and the community of decision-makers in each region across Canada.

The EXTRA program provides a channel between university and community at a level of symbiosis that ensures mutual benefits for all participants. As a result of the EXTRA program, the RTCs have been able to enhance policy and research practicum placements for graduate students, while providing research design and analysis expertise to decision-maker partners who are involved in specific intervention projects designed to improve service provision within their organizations. This partnership can be sustained well into the future because it has demonstrated merit within both the academic and decision-maker partnership environments.

For example, creating a partnership between graduate students and decision-makers over the medium to long term would maintain not only student interest in priority issues but also the interest of faculty. Examples of such opportunities are in the early stages at each of the RTCs, but may emerge as the *modus operandi* for the future. Under such a model, graduate students and decision-makers can work closely with a faculty member on the implementation of specific initiatives being carried out at a given agency. With a small amount of funding from health services delivery agencies and concomitant matching funding from provincial agencies or possibly ministries of health, student stipends would be supported and faculty time could be negotiated.

## Summary and Conclusion

The need for sustainability within the RTCs may be easier to appreciate when one considers the extent to which each RTC has achieved many of its long-term objectives midway through the term of funding. Within each RTC there has been (1) a significant increase in the number of individuals trained in applied health and nursing services research, (2) an explicit development of partnerships between academia and decision makers and (3) a virtual conduit between students and partner agencies that enables opportunities for experiential learning.

RTC graduates are not only gainfully employed in many areas of applied health and nursing services research, but in several cases are moving into decision-making roles within a variety of complementary agencies. The RTCs of the future will take advantage of graduate alumni in decision-maker roles to ensure continued support for students, for both practicum placements and funding. As some graduates move directly into the workforce within the region that they were trained, others have chosen to continue their academic training in doctoral studies or in post-doctoral positions within academia. These individuals provide a necessary restocking of the academic foundation that will ultimately perpetuate the training of graduates in areas related to applied health and nursing services research.

Without question, if the current RTCs do not plan for sustainability, there is no expectation that the programs will exist in the future. However, RTCs are poised for continued success building on their current achievements. They will no doubt continue to evolve, and while some transformations will be subtle, others may require radical departure from current practices. For example, in order for the RTCs to maintain their current position and thrive in the future, continued emphasis on the development of alternative revenue streams will be necessary. Such funding possibilities will extend beyond the continuation of the current graduate programs and may require the development of professional in-course and/or certificate programs that can be offered on a fee-for-service basis. The RTCs will also be more active in grant and contract activity, where the funding will not only support students but will provide essential dollars to cover both direct and indirect costs of program administration and essential core activities (e.g., the annual institutes).

Future periods of transition will require changes to existing administrative structures. To broaden the base of stabilization and ensure sustainability, RTCs will expand partnerships and promote emerging networks at every level – academia, health sector agencies and community organizations. New linkages and exchange will extend beyond the regional boundaries of any existing training centre to incorporate connections across all training centres. The current informal network of RTCs (and their affiliates), which can be directly attributed to the existing CHSRF CADRE program, will become the benchmark, providing advantages and opportunities that could not have been realized without such a network. As the health sector embraces research

and evidence-informed activities to a greater degree, the demand for continuation of the RTCs will remain strong, and it is this demand that ensures the potential for a sustainable future.

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#### NOTES

1. The Type 2 Diploma is a graduate-level diploma completed in conjunction with the degree. This Type 2 Diploma requires that students conduct their research project in an area of health services or policy research.
2. The date when funding concludes depends on the initial agreement between CHSRF and the RTC.
3. Such restrictions might include the Ontario Council on Graduate Studies (OCGS) criteria for graduate diplomas, for example, or the ARTC's memorandum of understanding to develop a joint master's degree.

#### REFERENCES

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