Rehabilitative Care Health Human Resource Strategies Environmental Scan

March 2023

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EXECUTIVE SUMMARY

Rehabilitative care plays a vital role in optimizing outcomes for both patients and Ontario's health care system. While the demand for rehabilitative care is growing exponentially, it is challenged by the ongoing health human resource (HHR) crisis. At present, there are not enough rehab providers to help ensure system efficiency and support the delivery of high-quality care.[1]

The purpose of this environmental scan is to provide a high-level overview of the current state of the rehabilitative care workforce and establish the foundation for a strategy to support greater recruitment, improved retention, and enhanced rehabilitative care provider experience across health care settings.

In assessing the current state, the following areas were identified as worthy of further exploration for strategy development and beyond:

- **Increased class sizes and innovative clinical placement opportunities in education programs for rehabilitative care disciplines**. New strategies to address physical space limitations at universities, as well as different approaches to support supervised clinical hours, could be considered.
- **Further incentivization for rehabilitative care providers to practice in northern and rural/remote regions**. Ongoing support for the expansion of northern Ontario rehabilitation science programs and satellite sites may enhance the attraction and retention of rehabilitative care providers in these regions.
- **Greater support for rehabilitative care providers to enter practice in Ontario.** The creation and expansion of bridging programs to support internationally educated rehab providers, as well as those returning to active practice after a prolonged absence, may be considered. Regulatory support and other innovative policies would also promote and facilitate providers practicing in Ontario.
- **A provincial standard for rehabilitative care workforce data.** Current workforce data for rehabilitative care disciplines in Ontario is not comprehensive nor collected in a standardized manner. A federal standard of workforce data would support provincial decision making, planning and forecasting to address the health system areas most in need of staffing support.
- **Legislative and regulatory changes to support rehabilitative care providers in practicing to their full or expanded scope of practice and competencies.** Eliminating legislative barriers would improve system efficiency, increase capacity and translate into improved patient care.
- **Spread and scale of innovative models of care.** The COVID-19 pandemic has resulted in the rapid implementation of different staffing models, including team-based care and virtual staffing. These models can help support the current staffing crisis and should be further explored for rehabilitative care.
- **Support for rehabilitative care provider well-being and professional development opportunities.** Engaging regulated rehabilitative care providers in professional development activities is an expectation of regulatory colleges and a proven recruitment and retention tool, making the need to reinstate and expand ongoing professional development opportunities for all rehab disciplines worthy of reflection.

Ultimately, addressing the challenges identified in this environmental scan requires a multi-pronged approach by government, universities, regulatory colleges, health service providers and others. As such, further discussion and engagement from provincial partners will be required to direct future work in this area.

INTRODUCTION

Health human resource (HHR) issues are of critical concern and are impacting every sector of the health care system across Canada.[2]

About rehabilitative care

The rehabilitative care workforce consists of a diverse mix of professions and skill sets. It includes regulated and non-regulated professionals such as kinesiologists (KINs), occupational therapists (OTs), physiotherapists (PTs), speech language pathologists (SLPs), rehabilitation assistants and others such as nurses, physicians, dietitians, social workers, and psychologists.

Rehabilitative care, also referred to as rehab, encompasses a wide range of interventions that benefit individuals living with injuries, chronic conditions, and episodic disability. It is an essential part of the health care system that can reduce hospital lengths of stay, facilitate safe discharges, keep people healthy and independent in the community and reduce hospital readmissions.[3] Rehab is provided in settings across the care continuum and supports the quality of life of individuals, families, and communities.

Recognizing the impact of health human resources (HHR) challenges on the ability to provide this care, in the spring of 2022 the Rehabilitative Care Alliance (RCA) convened a task group to work with partners to lay the foundation for a workforce strategy that supports greater recruitment, improved retention and an enhanced provider experience in rehabilitative care across health care settings. The deliverables were to bring together provincial partners (academic, professional associations, clinicians, and leaders) to explore rehab workforce concerns; conduct an environmental scan on workforce strategies for rehabilitative care professionals; identify successful models of care that could support improved recruitment, retention and provider experience across health care settings; and identify the next steps required to develop a workforce strategy for rehabilitative care professionals.

The task group met six times in 2022/23 to discuss the current state of workforce issues; explore various provincial, regional and site-level initiatives; examine workforce data; and review provider experience trends. It must be noted that workforce issues are complex and require a multi-tiered approach that will extend beyond the mandate of the task group and require commitment from government, educational institutions, health system leaders, regulatory colleges, and professional associations.

This report provides an overview of the current state of HHR issues for rehabilitative care as of March 2023 and includes relevant workforce data, highlights from a 2022 rehabilitative care provider experience survey and innovative models of care and approaches that can inform the development of a foundational rehabilitative workforce strategy.

CURRENT STATE

Demand for rehab is growing

The demand for rehab services is growing exponentially: [4]

- In Canada, approximately 22% of the population lives with a disability that impacts some level of independence, participation and overall quality of life.[5]
- The rapidly rising aging population that is more likely to be living with chronic illness, episodic disability and new emerging illnesses such as post COVID-19 condition (PCC).[6]
- As Ontario's population ages, rising demands on the health care system are driving the need for rehabilitative care.

It is well documented that rehab plays an essential role in maintaining and improving the quality of life and independence of older adults living in the community. The desire to remain living in one's own home and community has been gaining traction for over a decade. Aging in place, age-friendly communities and naturally occurring retirement communities (NORCs) have become increasingly popular, and data has shown positive health outcomes associated with them.[7] A study conducted by Home Care Ontario found that 93% of older adults would prefer to stay in their own homes for as long as possible with additional care rather than move into a long-term care home.[8] Rehab providers play a critical role in maintaining the health, well-being and independence of older adults in the community and helping them remain in their own homes.

The rehabilitative care workforce is in a state of crisis.[4]

As demand for in-home rehab services continues to grow, service provider organizations and home and community care support services are struggling with unprecedented workforce shortages. In some areas of the province, it is reported that upwards of 50% of roles are vacant; which places significant demand on the remaining staff and often drives them to seek employment in another sector, retire, or leave the profession altogether.[9] In addition, in-home rehab providers are increasingly required to travel farther geographical distances as vacancies require providers to take on additional coverage areas.

It was also noted that historical staffing shortages for one discipline in the community can impact the workload and scope of practice for another discipline, especially in settings with interprofessional team-based care. As well, the availability of fewer providers with specialized skill sets can place unintended pressures on those providers to cover larger geographical areas and attempt to train and mentor new staff to support patient care needs.[10] These pressures, coupled with increasingly complex patient needs, are resulting in increased stress and burnout for providers who are unable to meet patient care needs as they have in the past.

In the 2021/22 Rehabilitative Care System Performance Report, wait times for adult long stay in-home rehabilitative care were four to five times higher than in previous years. This was coupled with a notable 7% increase in the volume of referrals. It is clear that workforce shortages, coupled with an increasing demand for in-home rehab, are resulting in more patients waiting longer to receive in-home rehab – delays which can negatively impact patient outcomes.

The increased pressures felt in the community are also impacting hospitals. Typically, hospital-based rehab positions are desirable as they can offer greater opportunities for professional development, mentorship, and higher levels of remuneration; however, organizations across the province are reporting unprecedented vacancies. These staff shortages are resulting in patients being discharged without access to rehab or rehab providers being used in the hospital to supplement daily nursing care, thus decreasing the amount of time available for rehab-specific interventions.

Unparalleled hospital capacity issues are also driving an increased need for rehab providers in innovative roles. Globally, rehab providers have been common in Emergency Departments (EDs) for over two decades to prevent unnecessary acute care admissions and facilitate safe discharges. With the large growth in ED visits nationally, especially among older adults 85 years and older[11], more organizations are using rehab staff in EDs to assess and treat a variety of conditions such as falls, musculoskeletal concerns, and frailty in older adults.

Impact of the pandemic on rehab care providers

Multiple factors are driving these workforce shortages, including the impact the pandemic has had on front line care providers. Since the start of the pandemic, many are reportedly choosing to take early retirement, seek employment in other sectors, or leave health care entirely.

Early in the pandemic, many hospital-based rehab providers were deployed to clinical areas most in need to help manage the large influx of acute care patients. The deployment of rehab providers to acute areas required rapid training and upskilling to meet patient care needs. Many of the required activities rehab providers performed were outside their typical practice, such as acute/ICU coverage, nasopharyngeal swabbing, and the completion of basic care needs, such as feeding and bathing.

For private providers working in the community, public health measures resulted in the forced closure of clinics and in-home services; subsequent lay-offs and pay reductions forced some to work in alternate environments. Rehab providers had little opportunity to choose their working conditions and were required to continue working despite the known risks of COVID-19. A study found that rehab providers felt there was insufficient personal protective equipment, as some sites required staff to re-use medical masks and were unable to provide workers with higher quality protections such as the N95 masks that some providers requested.[12] This lack of control around working conditions, coupled with financial, personal and family stresses during this time, resulted in many rehab providers leaving their roles in health care entirely. One study of health care workers, including rehab providers in Toronto, reported burnout and distress in 73% of respondents.[13]

Remuneration

The pandemic placed enormous pressure on all front-line health care providers. Despite the fact that many rehab providers were redeployed to areas of greatest need and directly supported patients with COVID-19 in the ICU, acute care, rehab hospitals and the community, rehab was not included in the provincial Pandemic Pay Program. This program provided a temporary hourly wage increase of $4/hour for health care providers and a $225 monthly lump sum for four months for those working more than 100 hours/month. It was available to a wide range of workers that included nurses, personal support workers (PSWs), porters, housekeepers, custodians, community drivers and many others, but not to rehabilitative care providers. This

inequity was expressed by professional associations in letters to the government, as rehab care providers faced the same risks and hardship as their peers -- and in some instances, worked alongside them doing the same activities – but were not recognized or compensated equally.[14,15] This lack of acknowledgement compounded the discontent some rehab providers were already experiencing with the health care system.

Furthermore, rehabilitative care has not been included in other provincial and national HHR initiatives targeted toward physicians, nurses and support staff. For example, the Ontario government allocated $764 million (up to $2,500 per person) as a retention incentive for nurses. Additionally, the federal government announced $26.2 million to increase the forgivable amount of student loans for doctors and nurses practicing in rural and remote communities, again leaving rehab care providers without similar types of remuneration or incentives. These investments in some health care professions at the exclusion of others may be a factor driving the high rates of resignation and job vacancies across rehab providers.

EDUCATION AND TRAINING

In 2018, data from the Government of Canada Job Bank forecasted workforce shortages from 2019-2028 for audiologists, OTs, PTs and SLPs due to the increasing demand, provider retirements and insufficient numbers of graduating students to meet the need.[16] These projections were alarming prior to the pandemic, and are now even more so. The rehab workforce is dependent on filling job vacancies through the graduation of new rehab professionals and/or registering rehab providers from outside of Ontario.

Rehabilitation Science programs are offered at six universities across the province; one school is completely bilingual. Admission numbers are available through the Ontario Universities' Application Centre website,[17] which acts as a centralized application platform for all rehab science programs and provides an overview of the different programs, timelines and admission processes. It also lists the number of applicants and the seats available in each program.

Table 1: Overview of Rehab Science Program Applicants, Seats Available and Approximate Admission Rates in Ontario[17]

	Rehabilitation Science Programs [i]				
Schools in Ontario that offer rehabilitation sciences programs		Occupational Therapy	Physiotherapy	Speech-Language Pathology	Audiology
McMaster University	Applicants in 2022	1,329	1,328	533	
	Spots available in 2023	67	67	32	
	Approx. Acceptance rate [ii]	5%	5%	6%	
Queen's University	Applicants in 2022	908	1,105		
	Spots available in 2023	68	68		
	Approx. Acceptance rate [ii]	8%	6%		
University of Toronto	Applicants in 2022	1,019	1,306	337	
	Spots available in 2023	Toronto campus: 90 Mississauga campus: 40	110 [iii]	60	
	Approx. Acceptance rate [ii]	13%	8%	18%	

Western University	Applicants in 2022	978	1,206	506	147
	Spots available in 2023	75	80	50	32
	Approx. Acceptance rate [ii]	8%	7%	10%	22%
Laurentian (French Only)	Applicants in 2022			0	
	Spots available in 2023			11	
University of Ottawa (Bilingual)	Applicants in 2022	63	191	91	26
	Spots available in 2023	40	40	25	12
	Approx. Acceptance rate [ii]	64%	21%	28%	46%
Total Number of spots available per discipline		380	365	178	44

[i] *Kinesiology and social work programs are not included in the list due to the relatively large number of programs available in Ontario.*

[ii] *Acceptance rate based on previous year's application number divided by number of spots available.*

[iii] *In 2022, the University of Toronto announced a new Scarborough Academy of Medicine and Integrated Health Program that will include 26 additional physiotherapy spaces available in 2026.*

The average acceptance rate for OT and PT programs in Ontario is below 10% for English-speaking programs, which illustrates that student demand far exceeds program enrollment capacity. Similarly, audiology and SLP fewer applicants and smaller class sizes, resulting in insufficient new graduates to fill the vacant positions.

In addition to the programs listed above, the Northern Ontario School of Medicine (NOSM) University's Rehabilitation Sciences Program provides 140 funded clinical placement opportunities for students in audiology, OT, PT, and SLP in Northern Ontario.[18] The program is funded through the Ministry of Health and works in collaboration with McMaster University, Western University, Queen's University, the University of Toronto, and the University of Ottawa. The strategy is to train rehabilitation science learners and attract them to future practice in Northern Ontario, where historic HHR challenges have been further exacerbated by the pandemic.

In 2021, NOSM University tracked the rehab science students who completed placements between 2007 and 2020. They found that 24% of these students were originally from Northern Ontario, and 18% of all students who completed a placement through NOSM University were working in Northern Ontario. However, students who were from Northern Ontario were 4.5 times more likely to stay and practice in the North after graduation.[19] To try and manage the growing HHR challenges and leverage the advantage of training local students, NOSM University has started initial discussions with the McMaster University School of Rehabilitation Science on the potential for satellite campuses of their OT and PT programs in Thunder Bay and Sudbury, and of their SLP program in Thunder Bay.

A recent announcement from Queen's University was made on the opening of a satellite campus in James Bay Region to support the training of local individuals in team-based inter-professional health and rehab sciences.[20] The Queen's Weeneebayko Health Education Program will be co-designed with local communities to provide Indigenous individuals with education and training in their own community, thereby supporting health transformation and improved access to culturally safe care. This innovative program is expected to open in 2025.

The task group also noted that there is a desperate need for more students to graduate from rehab sciences programs. While this is recognized by academic institutions, however, without additional funding the programs have indicated they do not have the physical or operational space to increase current class sizes. In addition, as the number of rehab providers who are practicing clinically declines, so does the opportunity for clinical fieldwork supervised by rehab professional preceptors. As part of the educational program and regulatory requirements, rehab students must complete 1,000+ hours of fieldwork supervised by clinical preceptors. Universities have struggled to find sufficient numbers of preceptors to supervise students and have used various models to meet the need in the past; however, without a sufficient number of rehab providers in the workforce, many programs have had to cap enrollment to ensure they can provide students with the necessary clinical placement hours required for the program. Further efforts could be focused on reducing the number of fieldwork hours or exploring a paid model for clinical placements to alleviate some of the challenges associated with having sufficient preceptors for clinical placements.

To date, the challenges in rehab sciences programs as outlined above have not been addressed by provincial HHR initiatives. In 2021-22, an investment of $342 million was announced to add over 5,000 new and upskilled registered and practical nurses and 8,000 PSWs. Similarly, an expansion to the medical school system was announced with the addition of 160 undergraduate seats and 295 postgraduate positions across the six medical schools over the next five years. In addition, a new program is being opened to support the training of medical students at the Toronto Metropolitan University School of Medicine site in Brampton. As noted above, with the expansion of the medical program at the University of Toronto Scarborough Academy of Medicine and Integrated Health, 26 additional physiotherapy spaces will be available for enrollment in 2026. Although this is a small step forward for physiotherapy, additional timely program expansions are critically needed across all rehab disciplines.

Rehabilitative care workforce data

Reliable and comprehensive workforce data is essential for the forecasting and planning of rehab providers in the province. However, the current state of monitoring and collecting rehabilitative care workforce data poses a number of challenges:

- Data to date is limited to what is available through regulatory colleges, professional associations and the Canadian Institute for Health Information (CIHI).
- The diverse scope of rehab professionals' practice and incomplete data complicates how rehab data is collected and used for planning purposes. For example, there are no provincial or national standards for rehab data, and providers are typically aggregated together under "other health care workers" or "allied health." This makes it difficult to understand the specific needs of the rehabilitative care sector.[4]
- The data currently available is based on the prior year, making it difficult to understand the rehabilitative care workforce in real time.
- While all regulatory colleges in Ontario collect demographic and employment data at the time of registration and publish yearly reports for regulated disciplines (e.g. OT, PT, SLP, KIN), similar reports are not available for non-regulated providers such as rehabilitation assistants.
- Annual reports published by the regulatory colleges include basic registrant profile information such as the number of registrations, practice settings, age of patients, and province/country where trained.

Although regulatory colleges generally publish similar information, subtle differences exist and a standardized reporting method would help when comparing across disciplines.

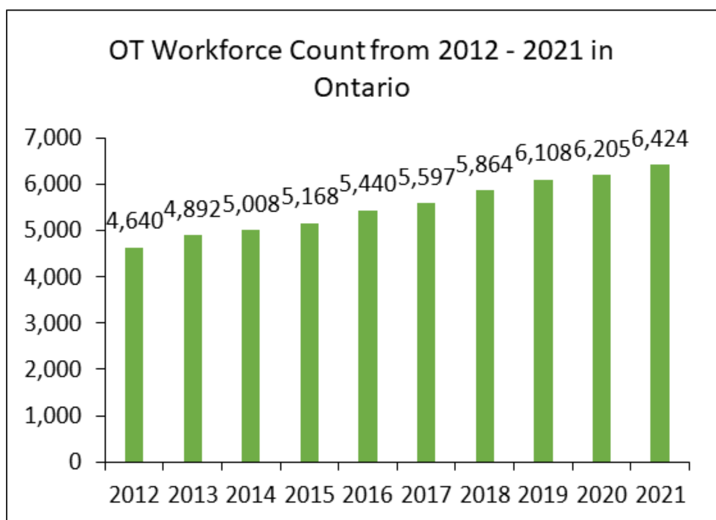
- Data published by the regulatory colleges is also used by the Canadian Institute for Health Information (CIHI), which produces yearly data tables, data visualizations, and a high-level overview of national data that enables comparisons of workforce trends across different provincial and territorial jurisdictions. However, while this data (provided since 2012) is helpful to look at trends over time, it is limited to only OT and PT.

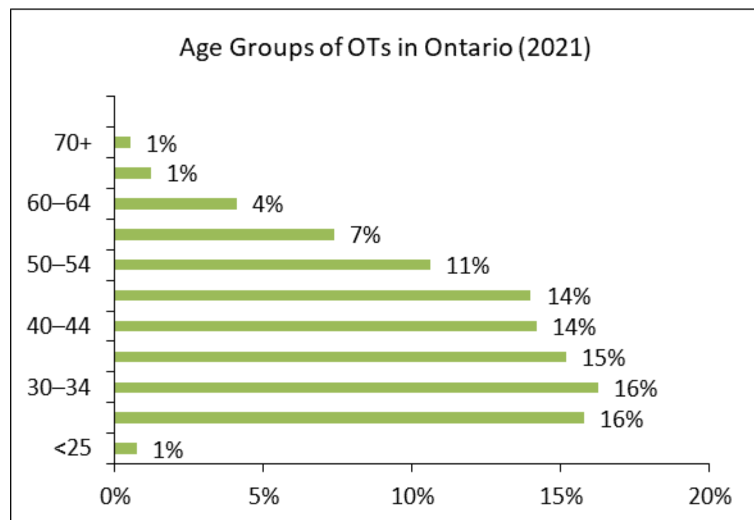
It is important that the rehab workforce be properly defined and have data to clarify the benefits of rehabilitative care and how it strengthens the health care system. In February 2023, the Federal government announced $505 million over five years for CIHI, Canada Health Infoway and partners to develop new health data indicators and create a Centre of Excellence on Health Workforce Data. This new funding announcement is a step toward creating a future with comprehensive workforce data to support future planning efforts.[21]

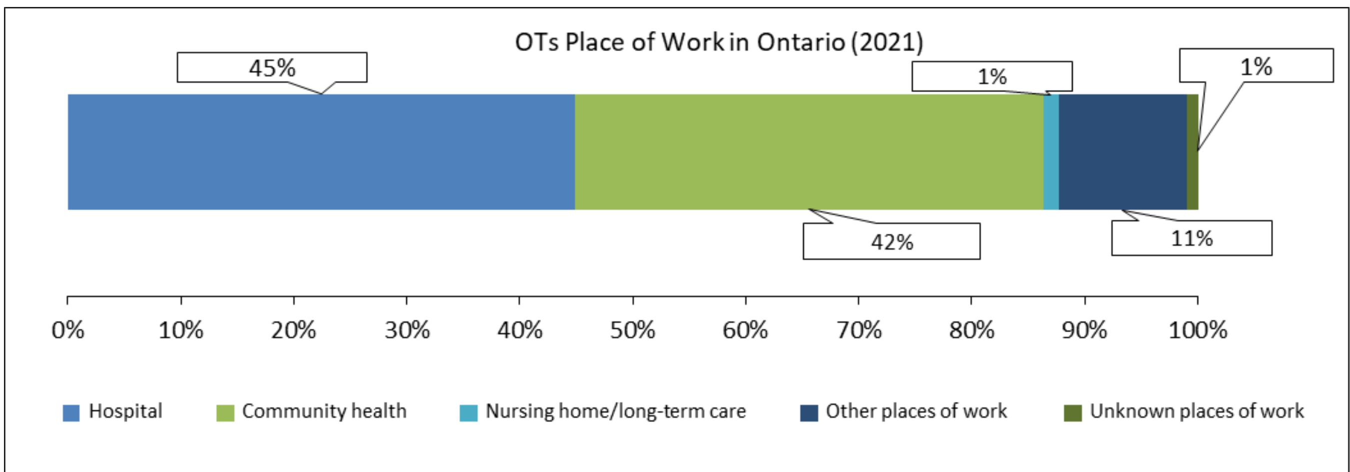
Occupational therapy highlights from CIHI 2021 workforce data[22]

» There were 6,424 OTs in Ontario's workforce in 2021. While the number of OTs practicing in Ontario has been steadily increasing, the size of this increase has been declining since 2013. This is a concern, as not all practicing OTs are working in clinical roles. In fact, only 76.5% work as direct service providers while the remaining work in non-patient care roles. The small relative growth in the number of OTs who are practicing clinically is contributing to workforce shortages where there are not enough OTs available to meet the needs of the health care system.

» Further, Ontario has 34.2 OTs per 100,000 residents, which is below that of all the other Canadian provinces and territories except Nunavut and Saskatchewan. The average rate in Canada per 100,000 residents is 38.1, which suggests that the number of OTs currently in Ontario's workforce is not sufficient for the population of this province.



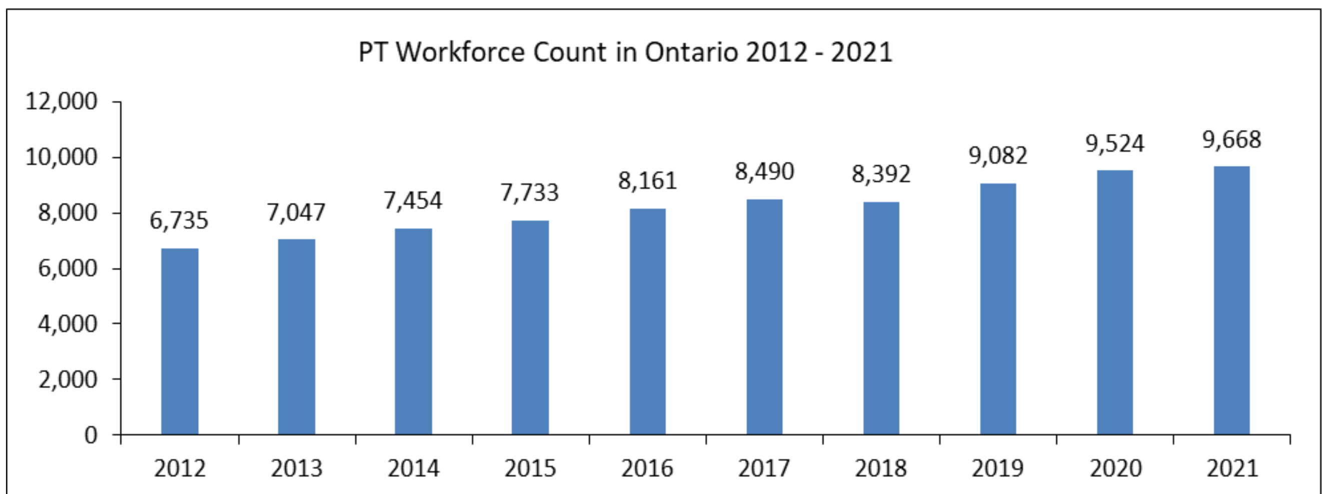




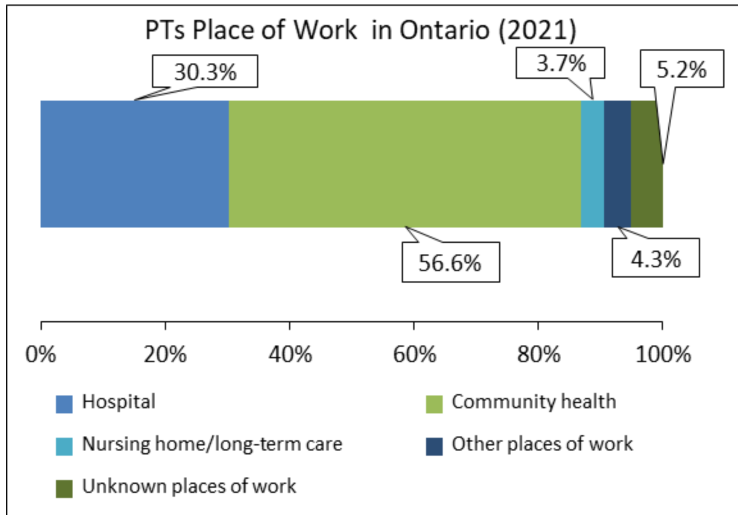
- The majority of OTs in Ontario are female (91%), work in an urban area (97%) and two-thirds (60%) are between the ages of 30 and 50 years.
- Almost half (45%) of the OTs practicing clinically work in hospital-based settings, while others report working in community health (41%) or other (11%) places of work such as schools, workplaces, and community health agencies.
- Most OTs are educated in Canada (91%) with a very small number (9%) educated outside of Canada. Compared to other disciplines, there is an opportunity to increase the number of internationally educated OTs to help fill the gap in workforce vacancies.

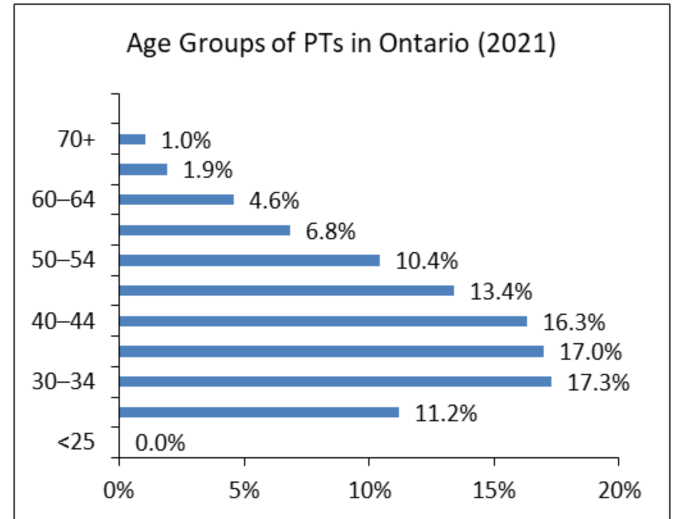
Physiotherapy highlights from CIHI 2021 workforce data[23]

- There were 9,668 PTs in Ontario's workforce 2021. Similar to OT, the PT workforce has been slowly increasing year over year; however, it has not done so at a rate that keeps up with population growth. Ontario has 61.6 PTs per 100,000 residents which is below the Canadian average rate of 65.3 per 100,000. The rate is also below comparable provinces such as British Columbia, which has a rate of 80.2 per 100,000, and Alberta at 67.4 per 100,000.



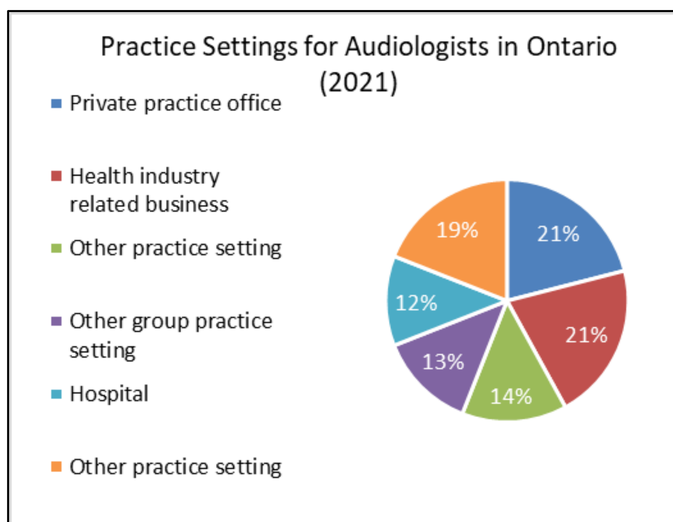
- The PT workforce in Ontario is comprised of 71% females, 29% males with the vast majority working in urban areas (95%). The large majority of PTs work in direct patient care roles (94%) and over two-thirds (64%) are between the ages of 30 – 50 years. The majority of PTs work in a community setting (57%) with a third (30%) working in a hospital-based setting.
- The proportion (30%) of internationally educated PTs is much higher than OT and in line with SLP.

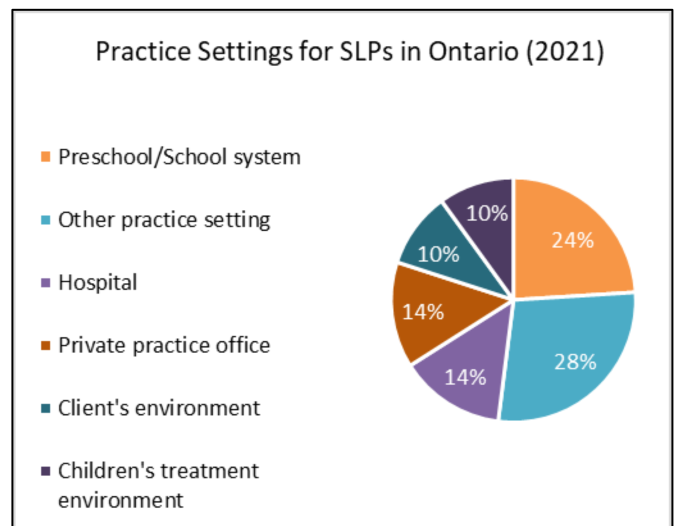




Speech-language pathology (SLP) and audiology profiles from the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) annual report 2021[24]

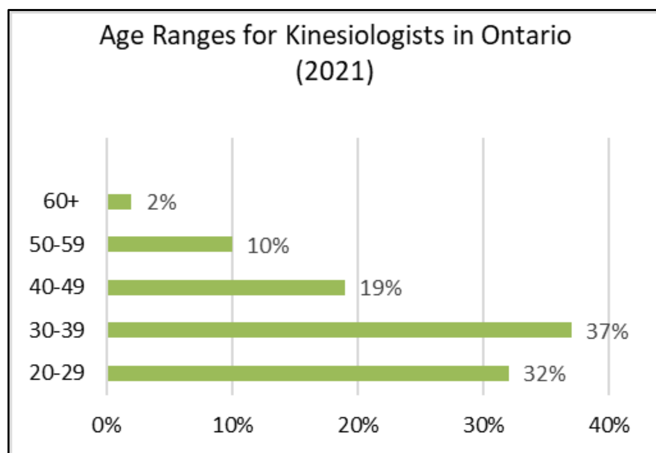
- There were 3,779 regulated SLPs and 909 Audiologists in Ontario in 2021. These numbers reflect an increase of 231 newly registered SLPs and 62 new audiologists that year.
- Similar to PT, 32% of the newly registered SLPs and audiologists were trained outside of Canada. SLPs typically work with school aged children (36%), preschoolers (32%), adults (18%), and seniors (14%), whereas audiologists typically work with seniors (31%), adults (31%), school-aged children (19% and preschoolers (19%).

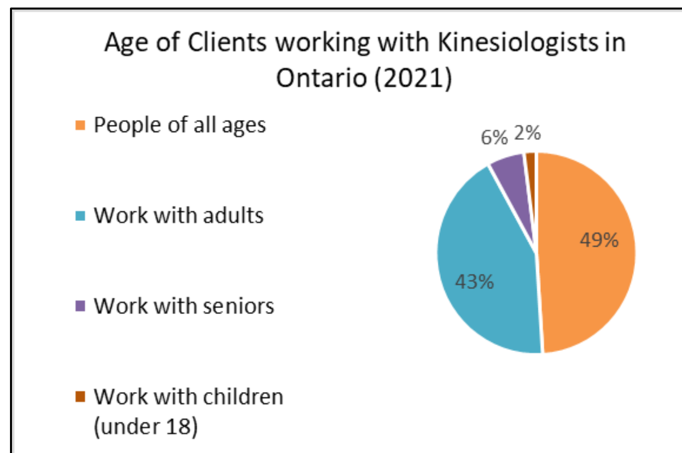




Kinesiologists profile in Ontario from the College of Kinesiologists of Ontario annual report[25]

» In 2021 there were 2,964 registered kinesiologists in Ontario and, of those, 291 (10%) were new registrations. Almost half (46%) of registered kinesiologists work in clinical practice, 27% in non-clinical practice, and 27% in mixed practice.





Bridging and cross-jurisdictional practice

The expansion of rehab sciences programs is one strategy to increase the rehab workforce. Another is increasing the rehab workforce through the recruitment of professionals trained outside of Ontario. The University of Toronto, Department of Physical Therapy offers the Ontario Internationally Educated Physical Therapy Bridging program.[26] This is the only program in Ontario that is designed to provide educational opportunities for internationally educated PTs to bridge their knowledge, skills and practice to meet the Canadian Alliance of Physiotherapy Regulators' (CAPR) entry-to-practice requirements. This program has resulted in a 100% employment rate for graduates of the program, with 84% of graduates working in Ontario.[27] Unfortunately, in 2021 the funding was cut and the program was forced to reduce its admission from 40 to six students per year. These types of programs help to attract and support internationally trained therapists at a time when they are needed across all sectors and geographies. Based on 2021 data from a regulatory college and CIHI, the highest number of internationally trained therapists were SLPs and audiologists at 32% and PTs at 30%, whereas Ontario had significantly fewer internationally trained OTs -- only 7.7% in 2021.[21,22]

LEADING PRACTICES/INNOVATIVE MODELS OF CARE

Historical staffing shortages in rural areas and the pandemic have required the rapid uptake of new models of care to meet patient and system needs. Team-based care and clinical externships are two examples of models that saw rapid adoption during the pandemic, and yet research on these models has primarily focused on the role of nurses and support staff such as health care aides.[28] At present, very little research or evidence is specific to rehab staffing models or models of care. Other models, such as telehealth and virtual care, are not new but have gained increased attention and recognition for their role during the pandemic and ability to provide care in rural and remote regions where staffing vacancies exist.

Team-based care

Team-based care is the use of different health care professionals working collaboratively with the patient, family, and/or community to achieve a common goal across settings.[29] It is a model based on the principles of having shared goals, clear roles, strong communication and measurable outcomes. Often the use of team-based care encourages each team member working to their full scope of practice to eliminate redundancy in skill sets and equally distribute roles and responsibilities among team members.[29]

Efforts are underway from the rehab professional associations to advocate for legislative and regulatory changes to expand rehab providers' current scope of practice. For example, Speech-Language & Audiology Canada is proposing an update to the Assistive Devices Program (ADP) policy to permit audiologists to act as both the prescriber and authorizer for hearing aids.[30] Audiologists are the most qualified hearing health care providers and are appropriately positioned to both prescribe and authorize funding through the ADP program. This proposed shift has the potential to greatly decrease the unnecessary use of primary care providers to sign the ADP authorization form and improve access and timeliness through a streamlined process for patients and families.

Recently, the Ontario Physiotherapy Association submitted recommendations to the Standing Committee on Finance and Economic Affairs on recommendations that would optimize the scope of practice for PTs.[31] Physiotherapists have the knowledge and skill to order necessary diagnostic imaging and are regulated to do so in other provinces. In Ontario, the legislation for PTs to order x-rays passed in 2009 and the necessary regulatory oversight by the College of Physiotherapists of Ontario was developed, but the required enabling regulation has not been completed to implement the changes. Eliminating these barriers that prevent therapists from working to their full scope of practice would enhance efficiency in the system and translate into improved patient care.

Clinical externships

In response to the pandemic, the Government of Ontario launched the Nursing Extern Program in January 2021 for select hospitals. The program transitioned into the Enhanced Extern Program for hospitals to address ongoing staffing shortages and extend the program to additional care providers.[32]

Externs are students from health-related programs such as nursing, respiratory therapy, OT, PT, and paramedicine that are employed as unregulated providers working under the supervision of a regulated professional. Many hospitals implemented a mentorship program to support externs as they developed their skills and clinical knowledge. For students and learners, the opportunity provides hands-on experience in a paid role performing patient care such as turning/positioning, range of motion/mobilization and ADL assessment, in addition to activities such as collecting vital signs. In *Your Health: A Plan for Connected and Convenient Care* released in February 2023, it indicates that funding will be available to extend the Enhanced Extern Program for an additional year; however, plans beyond that have not been communicated. [33]

OT and PT students in either their first or second years of study are eligible to apply for externship positions; however, externships do not count towards the required clinical placement hours needed. This challenges students' ability to participate in this program, as externships are paid work on top of existing course and clinical responsibilities. Changes to the existing legislation and regulation could be considered to allow these hours to count towards clinical placement hours.

A recent media article featured an OT student working at Hamilton Health Sciences (HHS) in an externship role and highlighted her positive experience:

Image from: Hamilton Health Sciences (2023). Occupational therapist participating in clinical extern program.

"When I worked at HHS, I saw how a simple activity could bring a smile to someone's face or fill laughter within the room, and those experiences really resonated with me," says Lerit. "I'm grateful to HHS for helping me determine what scope of practice I want to pursue after graduation, which is adult rehabilitation."[34]

Virtual care and staffing models

While the pandemic resulted in the rapid uptake of virtual care, it has been available for over 20 years and was even suggested as a strategy to help address workforce issues in rural and remote regions a decade before COVID-19.[35] Virtual care has offered a way to eliminate the geographic distance that patients need to travel to obtain rehab services and improves access by linking patients to care providers in other regions. In 2020, at the height of the pandemic, the University Health Network - Toronto Rehab developed a Telerehab Toolkit to help rehab organizations and providers implement, improve, and evaluate virtual care.[36] The ongoing use of virtual care continues to be a strong part of rehab practice, with many programs offering hybrid and virtual options.

The North West Regional Rehabilitative Care Program developed an outreach model of care that provides a comprehensive, interdisciplinary rehabilitative care program, uniquely designed to increase access in rural and remote regions by addressing rehabilitative care gaps in service and persistent rehab professional vacancies. The model of care includes direct service provision and shared care approaches. The outreach approach provides rehabilitative care services (both in person and virtually) in the client's home community when there are no local providers available or local vacancies. The shared care service supports local "generalists" with specialized rehab providers for clinical consultation and care management. The model was piloted in March 2021 and an evaluation demonstrated very positive outcomes to inform the ongoing spread and scale of this model.[37]

Jurisdictions outside of Ontario have also used virtual options to help improve access to rehabilitative care, especially in rural and remote regions. In Alberta Health Services, a Rehabilitation Advice Line was launched in response to the COVID-19 pandemic. The Line is a telephone-based service accessible to anyone from anywhere in the province[38] and staffed by OTs and PTs who provide comprehensive clinical assessment, treatment recommendations that focus on self-management approaches, and wayfinding to in-person or virtual services, as required. Over the last two years, the line has expanded to provide virtual care to service areas that have experienced extended staffing shortages, especially for hard-to-recruit positions in rural areas. Virtual care is provided by a regulated provider in a centralized location at the Rehab Advice Line while a clinical staff member such as a rehabilitation assistant is physically present with the patient in a rural area. This new model is expanding across the province and is being evaluated extensively to understand how it can continue to fill the gap where rehab expertise and experience would not otherwise be available due to staffing shortages.[39]

Image shared with permission from: AHS Rehab Advice Line. (2021). Physiotherapist providing virtual service.

RURAL AND REMOTE INITIATIVES

Community rehabilitation worker role for remote First Nations in North West Ontario

In 2017, the North West Regional Rehabilitative Care Program identified significant gaps in rehab services throughout remote Indigenous communities.[40] The lack of local rehab services often required Indigenous elders to leave their home communities to receive specialized care in urban centres, where it is often not provided in their mother tongue.[41] Rehab services were needed to support transitions from hospital to home, encourage healthy aging, improve quality of life, and decrease chronic disease. Federally-funded First Nation and Inuit Home and Community Care Programs do not include rehab as an essential element of care and as such are not available in most communities.

Image shared with permission from: Denise Taylor, St. Joseph's Care Group. (2022). Community rehabilitation worker role students.

The Sioux Lookout First Nation Health Authority Primary Care team provides rehab services on a monthly basis, when possible, and is able to support clients virtually between visits. However, even with this support there was an identified need for consistent, local access to rehabilitative care. Key partners and four First Nations came together to co-develop a community rehabilitation worker role and training for remote First Nations in Treaties 5 and 9 in Northwestern Ontario. The program trains local community members who understand the environment and social conditions necessary to support rehab. It aims to build local capacity and support a person-centred, culturally safe approach to care.

Incentive grant programs to work in Northern Ontario[42]

The Ministry of Health (MOH) currently offers a Rehabilitation Incentive Grant of up to $5,000 per eligible year, to a maximum of $15,000 over three years, to rehab professionals (audiologists, OTs, PTs and SLPs) who accept full-time positions in northern regions funded by the MOH and approved by Northern Health Programs. One challenge with this program is that eligibility is limited to full-time, permanent positions, which have become increasingly rare as most vacant positions tend to be temporary contracts or pilot positions.[43] The merits of including part-time or contract positions in order to increase program usage and improve recruitment in the north should be considered.

REHAB PROVIDER EXPERIENCE

Rehab providers, along with many other health care providers, experienced stress and burnout prior to the COVID-19 pandemic. However, the enormous amount of stress the pandemic placed on all providers has been more commonly highlighted in the media for other disciplines, such as physicians and nurses.[44] Despite this, evidence indicates that rehab staff faced high levels of personal stress related to risk of infection, in addition to personal sickness among themselves, their family members, and coworkers.[12]

In a recent rehab provider experience survey distributed in Ontario by the Rehabilitative Care Alliance (RCA) in 2022 (n = 642), 45% of respondents (288) reported experiencing various levels of burnout and 37% reported experiencing stress (237). Among those who reported feeling burned out, 6% reported feeling completely burned out and indicated they needed to seek help or make changes to address this issue. The sample of respondents did not represent all practicing rehab professionals, but did represent a subset from the primarily hospital-based sector and, as such, should be interpreted with caution.

In addition, the survey asked respondents to consider their life prior to the pandemic and the amount of stress currently in their lives. Forty-six percent (262) reported that their stress levels were "somewhat worse" now.

Moral distress, defined as the experience of knowing the ethically right action to take but being unable to take it due to systemic constraints, was evident in participants' comments:[45]

"The amount of cuts impacts the quality of care and people are getting less quality now in many areas because of these cuts in all sectors of health care…"

"Often, the amount of stress is related to lack of enough resources. Big caseloads and an inability to do anything thoroughly…"

"The work is enjoyable; the unfortunate part is there is more work than people to do the work."

On a positive note, the majority of respondents 75% (433) reported that they were satisfied with their jobs, overall. In addition, 54% of those who responded (322) reported that they are planning to stay in their role for 5 years or longer.

The rehab provider experience survey launched in 2022 was the first iteration of this survey. Over the coming months, the RCA will update the survey and conduct it again in the fall of 2023.

Professional development opportunities

Ongoing professional development is a requirement for regulated rehab professionals. It is also a well-documented strategy for the recruitment and retention of rehab providers.[46] Historically, the Ontario government offered an Allied Health Professional Development Fund but it was not available to all rehab disciplines and omitted kinesiologists, occupational therapy assistants (OTAs), physiotherapy assistants (PTAs) and communication disorder assistants. The fund was cancelled as of March 31, 2020 and no replacement program has been established in its place.

A similar program for nurses, the Nursing Education Initiative, was not impacted and remains available to all nurses in addition to the newly-released additional continuing education funding for nurses and PSWs in the province. The Bridging Educational Grant In Nursing program is jointly offered by the Ministry of Long-Term Care, Ministry of Health and the Registered Practical Nurses Association of Ontario and provides tuition support to PSWs and registered practical nurses (RPNs) so they can pursue further education to become RPNs and registered nurses, respectively.[47] Similar programs are sought for rehab professionals to ensure they have equitable access to professional development and career growth.

CONCLUSIONS

As demand for rehabilitative care continues to grow at a staggering pace, the rehabilitative care workforce is in a state of crisis. This essential part of the health care system is plagued with provider recruitment, retention and experience issues, all of which hinder Ontario’s ability to ensure sufficient professionals to meet patient and system needs.

The challenges are many, including barriers within the education system to attract, accept and prepare new recruits; the availability of incentives to encourage providers to practice in northern regions; the lack of standardized data to assist with efficient planning; the need for legislative and regulatory changes to improve care; the need to address provider professional development and well-being issues; and the inclusion of rehab in broader provincial and national workforce planning initiatives.

Fortunately, there are numerous opportunities to address this HHR crisis and strengthen the status quo. Innovative models of care and partnerships already in place are yielding results in Ontario, providing opportunities to learn from, spread and scale these initiatives. Best practices in regions outside Ontario should be considered for their applicability as well.

The physical and logistical barriers that hinder Ontario’s ability to educate and prepare future rehab professionals can and must be addressed to support the workforce growth required. Reliable, standardized data collection is an essential enabler to support the planning required to better meet these needs across the education and health sectors.

The expansion of existing programs that acknowledge and incentivize other health care professionals, as well as any best practice strategies to support their well-being and mental health, should also be considered for their ability to help stabilize the rehabilitative care workforce.

As previously noted, the workforce issues presented in this report are complex and require the commitment and collaboration of partners far beyond the participants in this task group. The Rehabilitative Care Alliance looks forward to contributing its expertise and insights to support further efforts to address these challenges.

NEXT STEPS

With the delivery of this environmental scan, the RCA Rehabilitative Care Workforce Initiative came to an end in March 2023. A new task group will be formed in the spring of 2023 to continue to explore rehab HHR workforce challenges and contribute to a provincial strategy to advance the recruitment, retention and provider experience of rehab providers in Ontario.

APPENDIX A: Rehab Workforce Initiative Task Group Members and Partners

The following are the organizations and departments that participated in the task group.

- Health Sciences North
- Home and Community Care Support Services (Champlain, Waterloo Wellington, North East)
- Hospital for Sick Children
- Humber River Hospital
- Haldimand Family Health Team
- Lakeridge Health
- McMaster University, School of Rehabilitation Science (Speech Language Pathology)
- Niagara Health
- Northern Ontario School of Medicine University
- Ontario Council of University Programs in Rehabilitation Sciences
- Ontario Health North
- Ontario Physiotherapy Association
- Ontario Society of Occupational Therapists
- Patient partners
- Pembroke Regional Hospital
- Providence Care (Kingston)
- Sault Area Hospital
- SE Health
- Sioux Lookout Meno Ya Win Health Centre
- St. Joseph's Health Care (London)
- Speech-Language and Audiology Canada
- St. Joseph's Care Group (Thunder Bay)
- St. Joseph's Continuing Care Centre (Sudbury)
- Sunnybrook Health Sciences Centre
- Trillium Health Partners
- University Health Network/Princess Margaret Cancer Centre
- University Health Network/Toronto Rehab
- University of Toronto/Department of Occupational Science & Occupational Therapy
- University of Toronto/Department of Physical Therapy and the Ontario Internationally Educated Physical Therapy Bridging Program
- University of Toronto/Director Centre for Interprofessional Education
- Western University /School of Communication Sciences and Disorders

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