Rehabilitative Care Alliance

Rehab Workforce Strategy Framework

OCTOBER 2026

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INTRODUCTION

The rehabilitative care workforce is essential in patients' recovery after injury or illness, in maintaining function and overall health of Ontarians, and in supporting patient flow across the health care system.

Current Issues

Workforce vacancies have been identified across several sectors and regions, impacting the delivery of rehabilitative care services. Health Workforce Canada (2026a) reported that Ontario had an average of 355 vacant occupational therapist (OT) positions and an average of 530 vacant physiotherapist (PT) positions in 2024/25. Demand for these rehabilitation professionals has steadily increased since 2015/16, peaking in 2022/23 (Health Workforce Canada, 2026a). Compared with the pre-pandemic year of 2019/20[1], the 2024/25 vacancies increased by 145% for OTs and 89% for PTs. Comparable vacancy data is currently unavailable for speech-language pathologists (S-LP), kinesiologists, occupational therapist assistants/physical therapist assistants (OTA/PTA) and communication disorder assistants.

Background

In the spring of 2022, the Rehabilitative Care Alliance (RCA) convened a task group to lay the foundation for a workforce strategy that supports greater recruitment, retention and staffing efficiencies in rehab across health care settings. The deliverables for the initial phase of work outlined for the task group included:

- Collaborate with provincial system partners (academic, professional associations, clinicians, and leaders) to discuss rehab workforce concerns
- Conduct an environmental scan on workforce strategies for rehabilitation professionals
- Identify successful models of care that could support recruitment/retention of rehabilitation professionals and/or support staffing efficiencies across healthcare settings
- Identify next steps required to develop a workforce strategy for rehabilitation professionals.

Figure 1: RCA accomplishments to date and current focus

**NOSM: Northern Ontario School of Medicine*

[1] Ontario had an average of 145 vacant occupational therapist positions and an average of 280 vacant physiotherapist positions in 2019/20.

DEVELOPING A REHAB WORKFORCE STRATEGY FRAMEWORK

Purpose

One deliverable of the task group is to develop a Rehab Workforce Strategy Framework ("Framework"). The purpose is to:

- Create a common vision, direction, and understanding of:
  - Strategic considerations for enabling a sustainable, skilled and future-ready rehab workforce
  - Essential role of system partners including the RCA
- Identify the role of the RCA in rehab workforce planning within the broader context and vision

Operationally, the RCA intends to use the Rehab Workforce Strategy Framework as the foundation for ongoing discussion with its task group to guide annual initiative planning.

Process

To support the development of the Framework structure, the RCA used Microsoft Copilot (AI) to identify existing workforce strategy frameworks and suggest appropriate content for a Rehab Workforce Strategy Framework. The RCA secretariat then critically reviewed and edited all AI-generated content before presenting it to the Task Group. Feedback from the Task Group was integrated to finalize the Framework.

Vision and Description of the Rehab Workforce Strategy Framework

Vision: A sustainable, skilled and future-ready rehabilitation workforce equipped to deliver equitable, culturally safe, and responsive rehabilitative care for all communities including First Nations, Inuit, and Métis across Ontario

The Rehab Workforce Strategy Framework:

- Centers on the rehabilitation workforce, ensuring its capacity, capability, and sustainability are aligned with achieving the best possible outcomes for the people it serves
- Has four (4) rehab workforce strategic pillars: Data and Planning, Capacity, Supply and Demand, Skills, and Innovation. Existing health workforce strategies are organized around these broad strategic pillars (Canadian Health Workforce Network & Ontario Health Toronto, 2024; Healthcare Excellence Canada, 2024; Health Workforce Canada, 2026b; Jesus et al., 2017; World Health Organization, 2020a, 2020b; World Health Organization, 2023).
- Outlines the role(s) of the RCA within each rehab workforce srategic pillar
- Potential system partners are identified within each rehab workforce strategic pillar. It is recommended that the specific role of each partner be clearly defined for the scope of an initiative.
- Has three (3) levels of workforce strategies for each pillar: macro-level strategies (provincial/system focus), meso-level strategies (regional/organizational focus), and micro-level strategies

(clinical/provider focus). The level of workforce strategy influences the initiative's goals, scope, and key partners.

- Examples of initiative areas of focus are outlined for illustrative purposes.
- The framework is <u>not</u> intended to serve as a detailed operational workplan for system partners.

Figure 2: Rehab Workforce Strategy Framework

Acknowledgement: Microsoft Copilot (AI) was used to support the development of the Framework structure. The RCA Secretariat critically reviewed, edited, and refined all AI-generated content and assumes full responsibility for the final Framework and content.

REHAB WORKFORCE STRATEGY FRAMEWORK

Rehabilitative Care Needs of Ontarians				
REHAB WORKFORCE STRATEGY				
Strategic Pillar	**Data and Planning**	**Capacity, Supply and Demand**	**Skills**	**Innovation**
Vision	A sustainable, skilled and future-ready rehabilitation workforce equipped to deliver equitable, culturally safe, and responsive rehabilitative care for all communities including First Nations, Inuit, and Métis across Ontario			
Goal	Ensure centralized workforce datasets support rehabilitation workforce planning needs	Improve rehabilitation workforce availability, recruitment and retention across the continuum of care	Support the rehabilitation workforce in acquiring professional practice skills required for future rehab service delivery	Develop rehab models of care to support equitable access, efficiency and modernization
System Partners and Roles*	System partners are essential to achieve the vision outlined in the Rehab Workforce Strategy Framework. System partners may include, but are not limited to, the following: - Ontario Ministry of Health (MOH) - Ontario Ministry of Colleges, Universities, Research Excellence and Security (MCURES) - Ontario Health (OH) - Health Workforce Canada - Canadian Institute for Health Information (CIHI) - Indigenous Service Canada – First Nations and Inuit home and community care - Professional colleges or regulatory agencies - Professional associations - Academia (Universities and Colleges) - Employers (health service providers)			

<table>
<tr><td rowspan="3">System Partners and Roles*</td><td colspan="2">Roles of the Rehab Care Alliance include: †
- Collaborate with system partners on shared rehabilitation workforce priorities
- Identify system gaps and co-develop solutions to address workforce challenges
- Support alignment and knowledge exchange across rehabilitation professions, organizations, and sectors
- Increase awareness of workforce priorities and emerging issues to enable coordinated system action
- Use workforce data, evidence, and intelligence to inform planning and decision making

The next section describes the role of the RCA, potential key partners as well as RCA initiatives to date, within each rehab workforce strategic pillar. Partner roles will vary depending on the scope of a given initiative. The key partners listed do not represent an exhaustive list.</td></tr>
<tr><td colspan="2">Data and Planning</td></tr>
<tr><td>RCA Role
- Leverage the use of existing workforce data sources and databases in rehabilitation workforce planning
- Support identification of rehabilitation workforce data gaps through awareness of existing system plans, initiatives and resources

Key Partners
- Health Workforce Canada
- Canadian Institute of Health Information
- Statistics Canada
- Canadian Health Workforce Network
- Provincial and regional government agencies (e.g., MOH, OH)
- Ontario Hospital Association (OHA)
- Professional colleges and regulatory agencies
- Employers
- See Existing Roles and Responsibilities of Partners in the System (Health Workforce Canada, 2026b)</td><td>RCA Initiatives to Date
- Published an environmental scan report on rehab workforce strategies
- Utilized workforce data for strategic and evidence-informed communication
- Administered provider experience surveys provincially</td></tr>
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<table>
<tr><td rowspan="4">System Partners and Roles*</td><td colspan="2">Capacity, Supply and Demand</td></tr>
<tr><td><u>RCA Role</u>
- Support the identification of availability, recruitment or retention issue(s), and coordinate with system partners and explore potential solutions

<u>Key Partners</u>
- Government agencies – federal, provincial and regional (e.g., MOH, MCURES, OH)
- Academia (Universities and Colleges)
- Professional colleges and regulatory agencies
- Professional associations
- Employers</td><td><u>RCA Initiatives to Date</u>
- Disseminated briefing note for MOH to consider on key strategies: enabling full scope of practice, support internationally educated rehab professionals, and rehab student access to Ontario Learn and Stay Grant
- Developed a rehab nurse education survey for organizations to administer, as needed
- Developing a guidance document on Improving Provider Experience for organizations based on current evidence
- Developing a resource to provide guidance on facilitating and optimizing the use of rehab assistants in community-based rehabilitation</td></tr>
<tr><td colspan="2">Skills</td></tr>
<tr><td><u>RCA Role</u>
- Coordinate with system partners to identify skills required for future rehabilitation care delivery, and explore solutions to facilitate workforce skill development if needed
- Support development of a coordinated feedback loop between employers and academic institutions to inform curriculum enhancements, entry-to-practice competencies, and workforce readiness.

<u>Key Partners</u>
- Academia (Universities and Colleges)
- Government agencies (e.g., MCURES, MOH)
- Professional colleges and regulatory agencies
- Professional associations
- Employers</td><td><u>RCA Initiatives to Date</u>
- Disseminated briefing note for MOH to consider on key strategies: support for Bridging Programs, training in the use of new technologies, leadership training
- Identified rehab nursing education needs and available resources</td></tr>
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<table>
<tr><td>System Partners and Roles*</td><td colspan="4">Innovation</td></tr>
<tr><td></td><td colspan="2"><u>RCA Role</u>
- Facilitate development of models of care, in collaboration with system partners, to support equitable rehab access, efficiency and modernization of rehab services
- Support the identification, translation, and spread of rehab innovations and leading practices emerging across regions and local communities

<u>Key Partners</u>
- Government agencies (e.g., MOH, OH)
- Employers</td><td colspan="2"><u>RCA Initiatives to Date</u>
- Submitted a proposal to the MOH Models of Care Innovation Fund on Rehab Connect Ontario – Optimizing use of rehabilitative care health human resources through virtual innovations and capacity building in primary care
- Disseminated briefing note for MOH to consider on key strategies: expand rehab access through leveraging technology-supported models of care, develop hub and spoke model for specialized rehab services</td></tr>
<tr><td></td><td>Data and Planning</td><td>Capacity, Supply and Demand</td><td>Skills</td><td>Innovation</td></tr>
<tr><td colspan="5">Levels of Strategies and Rehab Workforce Initiative Examples
The following examples illustrate workforce strategies at the macro, meso, and micro levels, and are not intended to be an exhaustive list.</td></tr>
<tr><td>Macro level strategies
(system/ provincial)</td><td>- Provincial rehabilitation workforce data collection and reporting
- Workforce forecasting and modelling
- Workforce policy and regulatory alignment</td><td>- Rehabilitation education program capacity and siting
- Health human resources planning
- Sustaining Bridging Programs for internationally educated rehabilitation professionals</td><td>- Credential recognition for internationally educated rehabilitation professionals
- Scope of practice optimization
- Provincial competency frameworks</td><td>- Virtual rehabilitation models to improve access in rural, remote and underserved communities
- Technology-enabled workforce solutions
- Pre-habilitation service model to improve patient outcomes</td></tr>
</table>

	Data and Planning	Capacity, Supply and Demand	Skills	Innovation
Meso level strategies (organizations/ regional)	- Regional workforce planning and forecasting - Workforce analytics to support recruitment and retention - Enhancing employee experience and benefits - Organization workforce planning to right size rehab professionals in clinical programs	- Recruitment and retention strategies (e.g., leadership support, workload management, burnout prevention, financial incentives to work in rural or remote communities) - Workforce deployment and staffing models (e.g., utilization of rehabilitation assistants or other support staff) - Clinical placement capacity development (e.g., protected time or dedicated coordinator role, placement incentives in rural or northern regions) - Rehab leadership development strategies (e.g., mentorship, workforce planning with human resources team, succession planning)	- Interprofessional education and team-based care training - Leadership skills development (e.g., manager training, change management, quality improvement, data literacy)	- Virtual rehabilitation service delivery - Innovative workforce integrated care models across organizations and sectors

	Data and Planning	Capacity, Supply and Demand	Skills	Innovation
Meso level strategies (organizations/ regional)		- Role optimization (e.g., rehabilitation assistants, advanced practice roles, community rehab workers)		
Micro level strategies (providers/clinical)	- Consistent collection and reporting of workforce sociodemographic and practice information to professional associations - Participation in workforce and professional practice surveys	- Mentoring and supporting novice rehabilitation professionals - Clinical supervision and preceptorship	- Individual learning and professional development planning - Competency development planning supported by educators and clinical practice leaders - Health and well-being strategies to support workforce sustainability	- New and emerging rehabilitation roles (e.g., rehabilitation in emergency departments, community rehab workers) - Adoption of AI-enabled tools and digital technologies in clinical practice
Equitable Rehabilitation Access, Outcomes and Quality of Care				

* Note: Once the initiative scope is defined, potential system partners' roles and responsibilities for the initiative should be considered. Tools such as the RACI matrix (Project Management Institute, 2021) or other accountability frameworks may be used to support role clarification and governance.

† The RCA's role is not: regulating health professional practice, managing education programs and skills/competencies, hiring staff, negotiating compensation, directly deploying the workforce.

Applying the Rehab Workforce Strategy Framework: Case Scenario

While not originally intended during the development of the Rehab Workforce Strategy Framework, the strategic pillars can serve as a practical tool as illustrated in a sample case scenario.

A rural community hospital with 90 inpatient beds, has a small rehabilitation program consisting of 7 active staff covering inpatient acute care and rehabilitation, and outpatient rehab programs with the following full-time equivalents (FTEs):

- 2.5 FTE PTs
- 1.0 FTE OTs
- 0.8 FTE S-LP
- 1.5 FTE OTA/PTA

Over the past two years, demand for rehabilitation services has continued to increase. Inpatient services are prioritized. As a result:

- Outpatient rehabilitation wait times have increased from 4 weeks to 8 weeks.
- Physiotherapy (0.6 FTE) and Occupational Therapy (0.8 FTE) positions have remained vacant for the past six months despite recruitment efforts.
- Existing staff report increasing workload pressures, burnout, and difficulty taking vacation or engaging in professional development.
- The rehab manager is concerned about maintaining access to rehab care while supporting workforce sustainability.

Using the Framework, the rehab manager reviews the rehab workforce strategic pillars to facilitate the short and long-term feasible action plans given limited resources and rural workforce challenges.

Key questions in this scenario to explore:

- *Data and Planning:* What information is needed to understand workforce pressure and make evidence-informed decisions?
- *Capacity, Supply and Demand:* How can the rehabilitation program improve recruitment and retention within a rural setting?
- *Skills:* What are the team's professional development needs and how can the team be supported?
- *Innovation:* Can inpatient and outpatient rehab care be delivered differently to reduce wait times while supporting staff well-being?

An initial action plan is developed by the rehab manager:

Data and Planning	• Prioritize review of past and current workload data, turnover and vacancy rate, service utilization by profession; and continue tracking these data
Capacity, Supply and Demand	• Meet with director and human resources to explore recruitment and retention strategies such as increasing vacancies to full-time positions, increasing professional development funds for existing and new staff, hiring bonus or relocation funds • Reach out to neighbouring hospitals or other health service providers to explore if they have part-time positions they are seeking to fill that could be combined to a full-time equivalent role
Skills	• Meet with staff individually to explore professional development needs and most valued support
Innovation	• Explore different ways of working (e.g., team-based care, optimize scopes of practice opportunities for OTA/PTAs or between PT and OT, group therapy model in outpatient rehab, etc.)

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