



Ministry of Health
College Park 5th Floor, 777 Bay Street
Toronto, ON M7A 2J3

August 26, 2024

Dear David Lamb and Allison Henry,

Thank you for meeting with the Ontario Society of Occupational Therapists (OSOT) on July 22, 2024, to discuss educational funding opportunities and health human resource support ideas. OSOT represents nearly 5,000 occupational therapists (OTs), occupational therapist assistants (OTAs), and students. We are pleased to hear the government recognizes contributions from other healthcare professions beyond nursing, physicians, and personal support. We applaud the government for expanding spending efforts to all healthcare professions, including OTs and OTAs, to gain training and support for careers in the ever-changing and demanding sector of healthcare.

Occupational therapy is at a crisis point where we only see between 140 and 204 net added OTs in Ontario per year which includes internationally and domestically educated OTs. Over 48% of OTs are over the age of 40 with 7 percent over the age of 60 ([CIHI-Occupational Therapist Tables – 2013-2022](#)). Occupational therapy has seen a decrease in OTs working in long-term care over the past decade and a levelling off of OTs working in the community ([CIHI-Occupational Therapist Tables – 2013-2022](#)). As occupational therapist assistants are not regulated, we do not have data on their numbers, areas of practice, demographics, etc. However, we have observed that college occupational therapist assistant/physiotherapy assistant (OTA/PTA) programs have been closing as we recently heard of 8 Ontario programs ceasing to accept applicants for the 2024-2025 academic year. We need to do something now to ensure Ontarians have access to needed services now and into the future.

Here are several ideas to consider. We are available to discuss these ideas further.

Educational Expansion

To expand occupational therapy educational programs, there must be an increase in clinical placement options. OSOT is in regular communication with the five Ontario University occupational therapy programs and the majority currently struggle with filling legislated placement requirements due to a lack of willing/available preceptors. Practicing OTs are feeling

undervalued, burnt out, and overburdened by large client caseloads. Many are choosing not to take students as they feel their client care will be negatively impacted. With staff shortages, employers are demanding additional case coverage, overtime, and shifting workloads to compensate for the decreased staff support. Here are some opportunities to overcome the above barriers:

1) Employers:

- Provide **tax breaks or other incentives** for employers who take on student placements. This will encourage employers to make preceptorship mandatory, thus expanding the number of preceptors available for clinical placements. By setting expectations and a culture of ongoing learning, preceptors will feel valued and supported. Employers will benefit from added (supervised) staffing resources, sharing of recent best practices/theories from student to preceptor, observing students to determine fit for future employment, and more.
- **Support through back-filing of positions:** To support preceptors, and the time they take to supervise students, providing back-filing of positions is required. This would cover another OT to fill client care obligations of the preceptor when they are away from direct service provision, so client care is not compromised, and the OT does not feel pressure to meet the full caseload demands on top of their supervisory responsibilities. Funding for back-filing would be prorated depending on the number of students taken and could take the form of an OTA to carry out treatment plans should the model of care permit this.

2) Occupational Therapists/Preceptors:

- **Compensation:** Although there is currently a small amount paid to the preceptor for taking a student (varies by university), this does not compensate for the time lost in client care in some areas of practice including home and community care, private practice, and long-term care. These areas mainly have contracted or fee-for-service models which do not pay (or inadequately pay) for time spent in preceptorship activities. OTs in these areas of practice lose part of their annual income by taking students. Adequately compensating preceptors in these areas of practice and models of care will entice preceptorship as well as expose students to areas of practice that are in high demand. Many students accept job offers from organizations where they have experienced placements, and this is a good way to encourage work in these underserved areas.

3) Promoting occupational therapy as a career:

- Currently, Ontario occupational therapy university programs only accept approximately 10% of applicants due to limited space. This discourages

applicants. Once there are more educational seats in university and college programs, we can promote occupational therapy to high school and university students. Since OT and OTA are less known than other health professions, we need to raise awareness of these as rewarding career choices, particularly to populations underrepresented within the professions. Funding that allows OSOT (or other organizations) to participate in university/college fairs, high school career fairs, and other similar events, would greatly impact the future.

Grants and Incentives for careers in high-demand areas

Occupational therapy has seen a decrease in OTs working in long-term care over the past decade and a levelling off of OTs working in the community ([CIHI-Occupational Therapist Tables – 2013-2022](#)). With the government's focus on improving services to these areas, there needs to be an investment for occupational therapy services which supports:

- increased independence in self-care activities;
- improved access to community and social engagement;
- supports for caregivers;
- fall prevention resulting in decreased emergency room visits and hospital admissions;
- community mental health and addictions support;
- and more.

1) Rural and Remote:

- In 2022 only 144 OTs were working in rural settings (CIHI). A similar program to the Learn and Stay Grant programs in place for practical nursing, paramedics, and medical laboratory technicians would work for occupational therapy students and occupational therapist assistant students.
- In 2023, [OSOT supported](#) McMaster University's and the Northern Ontario School of Medicine's (NOSM) request to expand their OT program to increase seats in the NOSM program – further expansion is needed.

2) High demand areas:

- A similar program to the Bridging Educational Grants in Nursing (BEGIN) program would incentivize OTs to obtain training in areas of high demand. By supporting education and training in areas such as home and community care, primary care, and long-term care, OTs would obtain the training they need to shift their careers into a high-demand area. Although the College of Occupational Therapists of Ontario (COTO) does not recognize advanced practice or specialization, they require OTs to determine their competence to practice in any area of practice. Additional training would fulfil this requirement. COTO already

has ways to monitor registrants who perform the Controlled Acts of Psychotherapy and Acupuncture (going below the dermis) which are considered practice beyond the basic educational curriculum, similar to advanced practice. Funds can be offered to organizations that will create courses related to these areas. OSOT would consider taking a lead in course development and offerings.

- **OTA and internationally educated OTs:** Occupational therapist assistants (OTAs) and some internationally educated OTs, may be interested in upskilling to meet the regulatory requirements of the *Occupational Therapy Act, 1991*. By providing tuition support to those interested in working in high-demand areas of practice, OTAs and internationally educated OTs not meeting regulatory requirements could upskill to become OTs. There is only [one bridging program](#) in Canada for internationally educated OTs. OTAs wanting to upskill to OTs would be required to take the 2-year master's program with the prerequisite of a 4-year bachelor's degree. It is recommended that a condensed program be created to upskill OTAs to OTs with the corresponding regulatory change that would recognize this new program. A lower clinical placement hour requirement and reduced duplication should an individual have received a diploma in OTA/PTA and practiced clinical for a while should be considered. An incentive to create a more accessible format (e.g. online and/or part-time study) should be offered to universities and colleges to develop innovative models of education.

Long-term care and Home and Community Care

- Increasing placements that expose students to long-term care and home and community would encourage careers in these areas, however, the pay, working conditions, and burnout levels need to be addressed before we can expect students to choose these as desired work settings.

Currently, OTs in **long-term care** are primarily contractors with too few hours of service per week to provide adequate care and limit their scope of practice to seating and mobility only. OTs' scope includes:

- support to reactive behaviour management;
- increase independence with feeding, dressing and mobility;
- improve social engagement;
- improve quality of life;
- staff and caregiver education to reduce injury and improve effectiveness;
- and more.

However, we are currently unable to support other health professions and residents in long-term care in these important ways due to funding limitations and bare minimal service hours. The current 36 minutes of allied health professional services per month per resident does not acknowledge that rehabilitation and quality of life are basic and fundamental rights. We suggest increasing the staffing levels for allied health professionals to ensure adequate services are received. In addition, we recommend that occupational therapy be mandated at a minimum of 21 hours per week for a 180-bed home (approximately 28 minutes per resident per month) plus additional time allotted to the provision of other services including physiotherapy, dietician, social work, etc. Models of care which include OTs and OTAs in the provision of care is needed, and funding is required. Our long-term care residents deserve and are entitled to, rehabilitation and optimization of their quality of life.

- We are seeing a significant shift of OTs away from **home and community care** as opportunities in higher paid areas (i.e. hospitals, private practice, and mental health) are readily available. Providers need to be compensated equally to those in other healthcare settings or this exodus will continue. New graduates are not choosing to work in the community as there is no financial incentive, nor job satisfaction, to entice them. Home and community workers need financial and job security, support for their health and wellbeing (e.g. paid vacation, health benefits), and assurance of a manageable caseload. We hear from too many OTs that they “volunteer” their time as their compensation does not cover the hours they work. CIHI data indicates a leveling off of OTs working in the community with only a net increase of one (1) OT in this setting between 2021 and 2022. With the government’s focus on early discharges from hospital and avoiding emergency department visits, decreasing wait lists for surgeries such as hip and knee replacements (which require post-operative rehabilitation), and increased services for mental health in the community, OT is needed now!

Looking to the future

There needs to be an increase in preceptorship to encourage expansion of university programs and exposure to high-demand areas of practice. To ensure these high-demand areas are ready and inviting to students, pay equity, job security, and support to prevent burnout are required to be in place. With expanded educational programs, we will have the opportunity to promote occupational therapy and occupational therapist assistant programs to high school and university students so they can consider a career in long-term care, primary care, home and community care, and mental health. Expanding educational program seats is not going to fix the healthcare system without consideration of other factors and barriers within the system

itself. There needs to be a multi-pronged approach with not only increasing the number of therapists but also improving the workplace barriers which currently result in burn-out, leaves of absence, and trauma. OSOT is here to support our members and the profession of occupational therapy to expand and meet the needs of Ontarians now and into the future.

I am happy to explore these ideas further. I look forward to connecting again.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marnie Lofsky', with a long, sweeping horizontal line extending to the right.

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