

March 28, 2022

David Lamb
Director Capacity and Health Workforce Planning
Ministry of Health

Delivered via e-mail: David.Lamb@ontario.ca

Dear David Lamb,

OSOT Input to Ministry of Health Human Resource Planning - Addressing an Occupational Therapy Human Resource Crisis

The Ontario Society of Occupational Therapists (OSOT) recognizes the healthcare system is faced with a health human resource capacity crisis. Healthcare depends on interprofessional teams to deliver high quality services throughout the continuum of care. Although we recognize the important contributions of nurses and personal support workers within the health system, we must also recognize the contributions of other health professions – without which the system cannot recover and improve. Interprofessional collaboration results in improved quality of life, health conditions, quality of care and outcomes, in addition to decreased costs and improved efficiencies. According to Kailash Kaini (2017)¹ interprofessional teams improve patient satisfaction, care and outcomes; improve patient transfer and discharge decisions; decrease length of admission; and reduce medical errors. From a health care professional perspective, Kailash Kaini's study indicates improved job satisfaction, decreased job-related stress and turnover rates, improved communication and efficiency, and greater understanding of roles.

Occupational therapists (OTs) provide services across the health care system, including primary care, acute care, schools, rehabilitation, home care, and long-term care. OTs have long advocated for service delivery models that are truly patient/client-centred that effectively facilitate transitions with minimal barriers to the flow of care enabling a patient's journey through the health system. Occupational therapists support the government priorities of aging at home, increasing access and quality in home and community care, managing transitions between health sectors, improving long-term care, and supporting mental health and addictions. The occupational therapy profession is uniquely qualified to support these objectives as we work to eliminate or minimize barriers to managing day-to-day activities (occupations) to enable independent living or reduce future care needs. Occupational therapy is currently in a front-line capacity crisis where there are insufficient staffing levels to provide sufficient care to those that require it. The government's focus on building nursing and personal support capacity has, to date, resulted in minimal overall improvement to the delivery of care for Ontarians. **The government must include other regulated health professions, including occupational therapy, within their capacity- building efforts if they are to achieve their overall goal of health system improvement.**

¹ Kailash Kaini, B. (2017). Interprofessional Team Collaboration in Health Care. *Global Journal of Medical Research* 17(2). [Interprofessional Team Collaboration in Health Care \(globaljournals.org\)](http://globaljournals.org)

Concerns

Occupational therapy is a flexible and adaptable profession that focuses on fostering functional independence. It is a critical professional resource to government's health system priorities including:

- improving efficient health system flow
- improving care in long-term care homes
- transitioning of services from hospital to community
- supporting aging at home
- focusing on mental health and addictions
- preventing/reducing emergency department visits and hospitalization, etc.

As Ontario Health Teams evolve and more integrated health care is possible, the need for professions like occupational therapy will be increasingly important as transitions in care can be managed more effectively. Currently, there is a shortage of occupational therapists which negatively impacts access to needed health care services for patients and compromises efforts to achieve system change.

There are over 6,400 registered occupational therapists in Ontario with an average of three percent increase annually. Approximately 83% of the occupational therapists are educated within Ontario with another 10% being educated within Canada. Approximately seven percent are internationally educated. Ontario universities graduate approximately 325 new occupational therapists annually. According to [CIHI 2020 data](#), Ontario has the third lowest rate of occupational therapists per capita at 33.5 per 100,000. Saskatchewan and Nunavut are the two provinces with lower per capita ratings. As the demand increases for mental health and addictions services, earlier hospital discharges, and aging in place/an aging population, this ratio will not meet the needs of Ontarians. Additional occupational therapists need to be planned for. Through incentive programs, increasing university programs/spots, and/or increasing immigration we can actualize an increase in the number of occupational therapists now and in the future.

During the pandemic, we are seeing an increase in demand for services while seeing corresponding expansion of roles for occupational therapists, such as mental health in the school system, the Ontario Autism Program, and on Falls Intervention Teams linked with paramedicine. We have an existing shortfall of OTs in the province and are gravely concerned about the potential for the profession to keep pace with growing demands. As occupational therapy is critical to many of the priorities of the Ministry of Health, we urge you to turn your attention to both short and long-range planning for OT human resources and commit to collaborate to identify effective, implementable strategies.

Health Human Resources: We have learned that many Service Provider Organizations providing home and community care, are currently experiencing significant recruitment and retention issues that are impacting their ability to provide services in a timely and effective manner. Waitlists exist and employers are investing significant financial and personnel resources into training new staff, only to have them leave for more stable, secure, and higher paid jobs. Fryer, Wright-St. Clair and Bright (2019)² demonstrated the negative effects waiting for services has on patient satisfaction, risk of deterioration in physical or mental functioning, risk of falls, deconditioning, loss of confidence in their abilities, and caregiver burden. One Ontario Service Provider Organization has demonstrated that investing in occupational therapy time upfront can decrease personal support hours by up to fifty percent over the long-term. This is a significant cost savings and reduces the PSW workforce requirements.

Lack of Student Fieldwork Placement opportunities: Occupational therapy education is a Master level entry course offered at five Ontario universities. Registration as an occupational therapist requires a minimum of 1,000 hours of clinical experience. OT capacity issues impact students' participation in placements as fewer therapists are available to supervise them as they themselves cope with high

² Fryer, V, Wright-St. Clair, A, & Bright, F. (2019). Waiting for community occupational therapy services: A review. *New Zealand Journal of Occupational Therapy*, 66(3), 15-21.

caseloads, stress, and burnout. Fewer available occupational therapists as preceptors have resulted in the need to cap enrollment in university programs as each student requires placement supervision and opportunities. Although the universities have adopted innovative supervisory models (e.g. multiple students to one preceptor, off-site supervision or supervision by another health professional) and emerging placement opportunities to meet current demands, alternatives will need to be considered should they wish to further increase enrollment to meet future demands.

The Home and Community Care sector and other priority sectors like Long-Term Care (LTC), are particularly challenged to provide fieldwork because the independent contractor nature of employment in these sectors does not pay for time spent in student supervision. This issue has been raised in concern related to the Ministry's continuing commitment to support the contracted provider model during Home and Community care modernization. We believe that Home and Community Care and LTC are best served by a meaningful OT contribution and yet current policy makes it difficult to both train and retain professionals to work in these sectors.

New National Competencies for Occupational Therapists in Canada³ will come into effect in November 2022 with a new expectation for OTs to contribute to the learning of occupational therapy students and entry/re-entry to practice education. With these expectations, we anticipate more OTs will consider taking students, however, there are settings (e.g., home and community care) where it may still not be possible to fulfill this competency requirement. Additional incentives and reducing barriers will support the profession to fully meet competency obligations and regulatory requirements.

Working within a limited scope of practice: As indicated in the *Occupational Therapy Act, 1991*, the scope of practice for occupational therapy is “*the assessment of function and adaptive behaviour and the treatment and prevention of disorders which affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function or adaptive behaviour in the areas of self-care, productivity and leisure.*”⁴ This broad scope allows occupational therapists to work in, and contribute meaningfully to, every healthcare sector. OTs work with every age group, to proactively prevent injury and illness, to rehabilitate, and to optimize function for those who will not improve.

In some sectors, such as Home and Community care and LTC, occupational therapists practice within a limited scope and focus primarily on the provision of adaptive equipment that will facilitate function or the care of a caregiver. Occupational therapists can do so much more including: medication reconciliation, falls prevention, community engagement, behavioural management, mental health and addictions treatment, family and caregiver support and education, and more. Occupational therapists work with the physical, mental/cognitive, and environmental aspects of the individual and provide evidence-based holistic care. Redefining OT roles to permit full practice within the profession's scope will reduce the number of service providers needed per patient, can reduce Personal Support Worker (PSW) hours required over the long term, and can enhance family and caregiver support to the individual. For example, by enabling function or minimizing needs for caregiving, OT can be an upfront cost that results in cost savings over the long term by reducing the need for PSW supports, more effectively supporting family caregivers through reducing stress and risk of health issues.

Restrictive Service Delivery Models: Current service delivery practices do not allow for innovative and cost saving models of care such as the use of occupational therapy assistants (OTAs). Due to some funding models, such as the lack of payment for indirect supervisory time in home and community care and long-term care, leveraging OTAs is not possible. Revisiting this as a possibility to support health

³ [competencies-for-occupational-therapists-in-canada-2021-en-hires.pdf \(coto.org\)](#) – page 17

⁴ [Occupational Therapy Act, 1991, S.O. 1991, c. 33 \(ontario.ca\)](#)

human resource capacity and cost savings is recommended.

Long-Term Care: Occupational therapists can increase residents' independence in long-term care, resulting in decreased need for nursing and PSW supports. For example, OT interventions that enable safe, independent mobility to the dining room or that identifies and addresses a resident's disruptive responsive behaviours can reduce the demand on nursing and/or PSW staffing while meeting resident needs. With residents being more independent, one-on-one involvement of staff reduces, satisfaction increases, and hospital admissions can be avoided. The current contract-based model of care does not allow for occupational therapists to practice their full scope and restricts the OT's ability to meet resident needs. Setting a minimum hourly requirement of 20 hours per week for a 180-bed home, will optimize the occupational therapist's skills and will meet the needs of the residents within the long-term care home.

Home and Community Care: With the current care delivery structure of third-party contracted provider agencies, several barriers exist that will negatively impact the health human resource capacity. The current model is not working and has not worked effectively in decades. Continuing with the current third-party contracted provider model will not fix the long-standing issues. An overhaul of the way we provide services in the community is the only way to ensure the government's objectives of increasing service delivery across the continuum of care, outside of hospitals, is realized. Service Provider Organizations (SPOs) contracts need to address these issues in preparation for OHT integration and expansion. Currently the issues include:

1. Significant **compensation disparity experienced by therapists engaged by SPO** and those employed by other Health Service Providers. Therapists working within the home and community care sector are leaving to work in hospitals at an increasing rate due to:
 - i. **Lack of job and wage security** – income is based on referrals and is paid for direct services only. Indirect time, such as collaborating with other team members, report writing, equipment research, is not paid. New contracts with SPOs need to address this as quality client care requires pay for indirect services as well.
 - ii. **Lack of benefits** – minimal to no medical, dental, sick leave, long- or short-term disability coverage, no parental leave benefits, vacation pay, or pension are offered through SPOs. This creates uncertainty should a provider be unable to work or in planning for their future. During COVID, illness and/or isolation leaves are not paid.
 - iii. **Inconsistent workloads** – increases or decreases in referral volumes result in times of high or low work volumes throughout the year. This impacts therapists' ability to address needs, commit to other obligations, and plan time off. If a client forgets an appointment or does not attend, the provider is not paid, further impacting the provider's workload and compensation.
 - iv. **Increasing complexity of patient needs** – patients are being discharged from hospital earlier and with greater needs. This adds to both an increase in providers' direct visit time and indirect time, however, they are not being compensated for this additional time and the per visit rate has remained the same for many years.
 - v. **Work conditions** – therapists are expected to work in all weather (e.g. snow storms) and in all patient environments, sometimes putting the provider at risk of injury, illness, or stress. Often providers work alone with no support and lack the ability to reduce risk of harm through team collaboration with other community supports.
 - vi. **Limited scope** – As mentioned previously, occupational therapists in home and community care are not optimized to their full scope of practice. Redefining and promoting OTs role within these settings will provide more value for the government dollar, provide a wider range of services, and improve patient/caregiver satisfaction and independence.

Mental Health and addictions: The need for mental health and addictions services has been increasing for years and has hit an all time high during the COVID-19 pandemic. We believe these needs will continue to increase as the demand for services outweighs the supply and people will go without services for longer, further increasing the complexity and acuity of their symptoms. Occupational therapists are mental health care professionals. The profession's entry level education prepares clinicians with a background in mental health conditions and various mental health treatment modalities and techniques. We are one of four professions designated to perform the controlled act of psychotherapy⁵. Occupational therapists are not often included in job postings and hiring processes for mental health positions. This needs to change. Occupational Therapists could represent an untapped and economical resource for government to meet the growing demand for mental health services in the province. Through the inclusion of occupational therapists as mental health professionals on OHTs, Ontario Autism Program and in community-based programs, we can support the demand for mental health and addictions services.

Opportunities

Occupational therapy is a flexible and adaptable profession that focuses on enabling functional independence. Looking at models of care in the United Kingdom and Denmark, attention to enabling, or reabling⁶ has been an increasing focus. These models have had much success in supporting people to regain or maintain as much function and independence as possible, and supports aging in place; these models of care improve long-term care, provides care in the right place at the right time, reduces hospital/emergency visits, supports discharge from hospital to community, reduces hospital readmissions, and improves access and services for mental health and addictions. We strongly encourage government to consider such models to support their goal in modernizing healthcare and to position occupational therapy as a key player on the healthcare team.

Ontario's new vision for a modernized home care system speaks to a focus on enabling the patient to remain in their home or return to their home. Through the occupational therapy lens of fostering independence and enabling function, we are able to provide services aligned with this focus.

1. **Invest in occupational therapy to decrease the need for PSW and nursing:** Data shows that occupational therapists' interventions increase patient independence, decreases the need for PSW and nursing, and improves client satisfaction. While investment in rehabilitation or re-ablement services is perceived as an upfront cost, the cost savings realized over the longer term can be significant. Building increased occupational therapy capacity into the healthcare system, we believe, can have a positive impact on the capacity of other healthcare professions through increasing independence of patients who then require less healthcare support.
2. **Build Health Human Resource Capacity in the Home and Community Care System:** The government has clearly stated that health services belong in the home and community. The capacity of the current home and community care system model of care will need to be expanded significantly to permit the shift away from hospital and institutionalized care to the community. With this, there will be a significant increase in the number of care providers that will be needed to meet the growing demand. The system needs to make working in the community attractive to not only future generations of providers in all professions, but needs to reward existing commitment to the sector.

It is anticipated that as services shift to the community, occupational therapists will be in greater demand as we have a wide range of skills and abilities that are highly desirable. With occupational therapists practicing to the fuller extent of our scope of practice, we anticipate more referrals and

⁵ [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)

⁶ Jackson, R. (2016). [What is Reablement in healthcare and how is it done? | The Knowledge Exchange Blog](#)

therefore would require an even greater demand for providers. The Society is excited to work with government to develop a range of strategies to build capacity for home and community care.

3. **Provide incentives to attract professionals to underserved areas to support recruitment and retention:** To ensure equitable access to services, particularly in rural, remote, or French speaking areas, the government needs to provide incentives, similar to those provided to nurses⁷, to work in areas currently underserved. Even in major urban centers, we are seeing significant recruitment and retention issues where incentives may alleviate waitlists and staff shortages.
4. **Education and training:** Building capacity in OT university programs is essential to proactively address the future needs of Ontarians. By increasing the number of OTs able to support student placements, through incentives and reducing barriers, more professionals will be able to take students from university programs, thus enabling expansions of these programs.
5. **Fund Bridging Programs for Internationally Educated OTs:** Supporting internationally educated occupational therapists to meet Canadian standards for practice is essential to expanding capacity of the profession. Not all internationally educated individuals meet registration requirements with the regulatory college and may need to take additional training. Funding bridging programs, such as the formerly funded [OTepp](#), will ensure support for occupational therapists from other countries wishing to enter into the Ontario/Canadian workforce. Currently the cost of this program for an internationally educated OT is over \$9,000 which could be prohibitive.

The Ontario Society of Occupational Therapists supports person-centred care on an interprofessional teams to optimize each individual's potential through a care delivery system that provides services where and when needed. We share our profession's concern with health human resource issues that need to be addressed to bolster the healthcare system as a whole. We urge the Ministry to address these human resource issues to ready the system for modernization and change and to support accountability in service delivery. To this end, the Ontario Society of Occupational Therapists would be pleased to contribute to solutions-focused discussions.

Please contact Marnie Lofsky, Executive Director at mlofsky@osot.on.ca, should there be a need for clarification of any of our points.

Sincerely,



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Executive Director

cc. Ann Schrager
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⁷ [Ontario Making Historic Investment in Provincial Nursing Workforce | Ontario Newsroom](#)