



ELEVATING HEALTH CARE IN ONTARIO

2024 PRE-BUDGET SUBMISSION



Ontario Society of
Occupational Therapists

OUR ORGANIZATION

The [Ontario Society of Occupational Therapists \(OSOT\)](#) represents over 4,700 members in Ontario. Our services include advocacy, professional development, member services, and practice support for occupational therapists (OTs). As regulated health care professionals who work in various settings such as primary care, schools, clinics, hospitals, home care, long-term care, and rehabilitation centers, the primary goal of occupational therapy is to provide holistic support to individuals and groups to engage them in daily activities, which may include dressing, working, community engagement, and coping with anxiety and stress. **Occupational therapy is a crucial profession to support the health care system in Ontario.**

The current health human resource crisis has increased the need for all health care professionals to collaborate and contribute to our health care system. We no longer can sit back and hold a few professions responsible for health care. With the Ontario government's focus on physicians, nurses, and personal support workers, you are forgetting nearly 100,000 other health professionals who have, and continue to, support the health care system. **Occupational therapy is a key service and needs attention now!**

Occupational therapists are masters educated professionals with a versatile scope of practice including activities that overlap with other health professions making them able to address multiple issues in one patient interaction. OTs are able to perform the [Controlled Acts of Psychotherapy and Acupuncture](#) and can be delegated other Controlled Acts such as oxygen titration, setting a fracture, wound debridement, etc., based on training and competence. This makes OTs an excellent and flexible part of any multidisciplinary team.

Our recommendations provide potential supports to lessen the ongoing health human resource crisis.



OUR RECOMMENDATIONS

Recommendation 1: Provide **fair** and **equitable compensation** across healthcare sectors.

Recommendation 2: Focus on **allied health services** in **primary care, home and community care, and long-term care sectors.**

Recommendation 3: Invest in the **education of allied health care** professions, including **occupational therapy**, by **incentivizing** employers and preceptors to take students to complete their clinical hours in preparation for regulatory registration.

Recommendation 1: Provide fair and equitable compensation across healthcare sectors.

The issue of wage differences across sectors of occupational therapy remains a pressing concern. In addition, occupational therapy is often paid less than similar regulated health professions with the same level of education. Occupational therapy is a 90% female-dominated profession which is seeing pay inequity within the profession and compared with other professions with equal training. These disparities impact recruitment and retention, particularly in sectors where we are seeing inadequate staffing levels such as home and community care and primary care. According to the [Canadian Institute for Health Information \(CIHI\)](#) we have seen only a minor increase in OTs working in community care over the past 5 years and a nearly flat number of OTs working in long-term care for more than ten years. **With our aging population and expectation for increased medical complexity of patients in the next few decades, these sectors must recruit and retain occupational therapists immediately to even hope to meet the rising demand of the Ontario population.** To do this, pay equity must be achieved in order to recruit and retain therapists to these sectors and must start by paying salaries equitably between sectors and among similarly educated/qualified professionals.

Primary care has been identified by the Ford Government as a priority, however, in the Eckler [Ontario Community Health Compensation Market Salary Review](#) report commissioned by organizations representing primary care, home and community care, and long-term care, the current pay is lower than market value for 89% of the professions listed. Considering the health human crisis particularly seen in these health care sectors, it is easy to see how the issue became so drastic as workers leave these jobs for higher-paying ones.

According to the Eckler report, occupational therapy sees both an underpayment compared to market value and, despite all Ontario accredited occupational therapy programs having been elevated to a master's degree level in the early 2000s, OTs experience pay disparity compared to physiotherapists, social workers, and other, all of whom have masters' level education. The Eckler report identifies the following:

- Ontario's community health sector is experiencing a human resources crisis due to the growing wage gap between community health care workers and those in other sectors.
- Based on the survey input, community health organizations have identified compensation as the biggest challenge for recruitment and retention, with 94% agreeing.
- OTs are included in the list of roles that are most challenging to recruit and retain.
- OTs have been put into a salary band (band 8) which includes professions that only require a bachelor degree including registered dietitians and kinesiologists and is less than equivalent masters' level educated professions (i.e. physiotherapy and social work).

Not only does the Eckler report mention the Ontario government's commitment to resolving the health human resource crisis, it also touches on how equalizing the pay gap plays a large role in a sustainable resolution.

The Eckler report fails to categorize occupational therapists within the same Provincial Salary Level as other educationally equivalent professions, such as social workers and physiotherapists. In fact, the Report compensates OTs at the same level as physician assistants and registered nurses both only require a bachelors degree. This is a significant oversight on the part of Eckler and neither reflects the education, diverse range of skills/services OTs offer, nor recognizes the professions' impact on emergency department and hospital admission diversion, and the professions' performance of high-risk activities such as psychotherapy, cognitive assessments, Ontario Disability Support Program (ODSP) eligibility assessments, and others. These high-risk activities directly impact cost and resource use through government-funded programs, as well as the use of health care dollars.

In previous reports, OTs have had compensation categorized alongside chiropractors, social workers (therapists), speech pathologists, and physiotherapists. An example can be found in the Association of Family Health Teams of Ontario's (AFHTO) 2014 report addressing their [Primary Care Recruitment and Retention Strategy for Ontario](#). A data analysis included in the report cited a 2012 Primary Care Compensation study that included OTs alongside the above-listed professions.

Unfortunately, since Eckler has placed the OT salary level in one pay band lower than the group to which OTs have historically been attached, this could establish a precedent for widening the existing pay gap. This discrepancy undervalues the importance of OT as a female dominated regulated health care profession, and will continue to exacerbate recruitment and retention challenges in the field.

Budget Recommendation for OT Pay Equity

Provide funding increases that compensate occupational therapists fairly and equitably across health care sectors.

Recommendation 2: Focus on allied health services in primary care, home and community care, and long-term care sectors.

There are 31,500 practicing physicians, 185,505 registered nurses, and an estimated 100,000 unregulated PSWs in Ontario. While Ontario has 26 regulated health professions, we encourage financial support for the **remaining 183,000 regulated health professionals to contribute to our health system.**

Ontario needs to optimize its existing health human resources by encouraging providers to practice within the full scope of their abilities, particularly in primary care, home and community care, and long-term care. **OTs are unique** as they help improve the overall quality of life of patients, their caregivers, and health care professionals by increasing independence in daily routines; safe mobility at home and in the community; emotional regulation; coping; and much more.

The primary care, home and community care, and long-term care sectors require well-supported health human resources to function. Ontario is not optimizing its existing health human resources and needs to focus attention on supporting the whole system not just a few professions. The importance of occupational therapy in primary care, home and community care, and long-term care are outlined below:

Primary Care

Occupational Therapists play a significant role in case management, which is an essential component of primary care. They offer interventions focused on individuals and coordinated care. Their physical and mental health training provides a distinct perspective to assist people with (or at risk of developing) disabilities to continue to live as independently as possible in the setting of their choice (e.g. home, long-term care, retirement, etc.) ([Occupational Therapy and Primary Care: A Vision for The Path Forward, 2022](#)).

Our health care industry is facing a human resource crisis with a shortage of workers due to many factors of which lower compensation is a significant reason. The [2023 Eckler Report](#), along with various other reports, suggest pay is a key issue related to the recruitment and retention of staff. We urge the Ontario government to ensure that the profession of occupational therapy is appropriately valued and compensated in Family Health Teams (FHTs) and Community Health Centers (CHCs). It is crucial to maintain the profession's importance and contribution to health care in Ontario to ensure current and future needs of all Ontarians is met. With an aging population forecasted to increase as much as 15% in the next 5 years, occupational therapists are desperately needed to increase safety and optimize function at home while reducing emergency department visits and hospital and long-term care admissions (*budget recommendations on next page*).

Budget Recommendations for Primary Care

It is recommended that the government include the following in the 2024-2025 budget:

- Placing FHT/CHC occupational therapists in the same salary band as professional peers (band 8*) would require approximately **\$1,120,000**.
- With approximately 100 OTs working in primary care in Ontario, it would take another **\$2.4 million** to bring occupational therapists on FHTs and CHCs up to wage parity with their OPSEU hospital counterparts (\$13/hour x 37-hour work week x 96 OTs).

Home and Community Care

Occupational therapists working in home and community care contribute to supporting individuals gain and maintain independence at home which contribute to avoiding emergency department visits/hospital admissions and reduce waitlists to long-term care. We are currently seeing a significant decrease in OTs working in home and community care sector from an average increase of over 4.41% in 2015 to just 0.04% in 2022 ([Table 2, CIHI](#)). One significant factor is compensation as we understand that there is more than \$10 per hour difference in pay for home and community care OTs compared with those working in publicly funded hospitals.

- [97 Per Cent of Ontario Seniors Want Increased Home Care Funding: Poll](#)
- [Patient care at risk - Home care sector Issues Warning over Growing System Pressures](#)
- [OSOT provides input to Ministry of Health Consultation on Regulatory Amendments to the Ambulance Act relating to EMS Services](#)
- [Occupational Therapy in the Emergency Department](#)

Budget Recommendations for Home and Community Care

It is recommended that the government include the following in the 2024-2025 budget:

- Provide an additional **\$12,000,000** to increase compensation to the existing OTs in home and community care to retain them (\$10/hour x 37-hour work week x 600 OTs).

Long-Term Care

Funding for occupational therapy services in long-term care (LTC) in Ontario has not been adequate to support the increasing needs of Ontarians. Over the past decade, the number of occupational therapists has **decreased** by an average of 0.35% in long-term care since 2013 ([Table 2, CIHI](#)). This is concerning given the increasing population over the age of 65. In LTC, OTs can minimize and overcome barriers to performing daily activities when health-related issues or age-related changes limit residents' function. OTs are trained to focus on both physical and mental health, with a unique emphasis on functional capacity, performance, and engagement in activities (occupations).

Through increasing residents' independence, occupational therapy can help relieve the demands on other professions such as nursing and personal support. The Ontario government must fund occupational therapy hours to sustain the aging population and decrease the workload on existing personnel. There is no specific funding currently allocated for occupational therapy services, which leaves the provision of services up to each home through the Program and Supports Services (PSS) envelope which covers both health care services and party decorations.

- [OSOT's 2023 Submission to the Home and Long-Term Care Unit](#)
- [OSOT's 2020 Submission to the Ministry of Health and Long-term Care in 2020](#)
- [Occupational therapy is a key part of improving long-term care in Ontario](#)
- [Occupational Therapy in Long Term Care](#)

Budget Recommendations for Long-Term Care

OSOT recommends that **dedicated** government funding to provide a minimum of 21 hours/week of occupational therapy services for a 200-bed facility. This way residents have access to the care they need, when and where they need it. As occupational therapy is currently funded under the PSS envelope it is estimated that an additional **\$3,000,000** in funding would attract additional OTs to the sector and top up wages for current OTs to be retained.

Recommendation 3: Invest in the education of allied health care professions, including occupational therapy, by incentivizing employers and preceptors to take students to complete their clinical hours in preparation for regulatory registration.

For OT students to graduate and be eligible for registration with their professional regulatory college they are required to complete 1,000 hours of clinical fieldwork. University programs are limited to the number of student seats they offer by the number of available placements for their students. Current preceptors receive around \$50 honorarium per student per week of placement. This amount is insufficient to incentivize potential OT preceptors to take on students which would allow Universities to expand programs and graduate more occupational therapists.

OTs are already experiencing high patient volumes resulting in stress, burnout, and a lack of ability to devote time and resources to support student placements. The weekly honorarium is insufficient to compensate for the time spent with students while adding the responsibility of supervision. Ultimately, the success of the OT fieldwork program depends on the commitment of preceptors. It is essential to recognize the value they bring to the education of future OT professionals.

Employers play a key role in whether or not an OT takes students for placement. The employer must see value in the educational process and must see a return on their investment of resources in the placement (e.g. potential future hire, increase in services provided, etc.) Typically, hospitals offer student placements, and preceptors have dedicated time to supervise students. However, this crucial experience is not extended to the remaining sectors that are in dire need of adding health human resources. The Ontario government must increase incentives for occupational therapy preceptors and employers to supervise students and ensure that students are not limited to placements in just a few sectors.

Along with the lack of incentives for OT preceptors, students are not sufficiently supported either. Currently, Ontario offers tuition support through the Community Commitment Program for Nurses (and **BEGIN**), and financial support for medical laboratory technologist and paramedics which is a great way to increase equitable access to health care programs, and incentivize students into the health care workforce. However, **more can be done**. This type of financial support is missing from OT programs. Investing in allied health programs support Ontario's health care system objectives.

Budget Recommendations

It is recommended that the government include the following in the 2024-2025 budget:

- Invest in programing to incentivize preceptorship for occupational therapy by:
 - Providing increased honorariums to preceptors by \$150 per week (350 students x 27 weeks of placement) = **\$1,417,500** over 2 years
 - Provide financial or tax incentives for employers who take students
- Create a tuition support program for occupational therapy students – any amount would be beneficial for the current 350 students with the intention to increase the support as seats in programs increase.

Contact Us

The Ontario Society of Occupational Therapists appreciates the opportunity to participate in the 2024 Pre-budget Consultation and is open to discuss the outlined recommendations for the future of Ontario's health care further. We have confidence that together we can provide quality care to all Ontarians.



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