



CAOT · *BC* · ACE

Canadian Association of Occupational Therapists
British Columbia

Occupational Therapists Shortage in British Columbia

Update

Canadian Association of Occupational Therapists- British Columbia Chapter (CAOT-BC)

October 2012

Canadian Association of Occupational Therapists – British Columbia

Canadian Association of Occupational Therapists – British Columbia (CAOT-BC) is the provincial professional association representing 1750 occupational therapists in BC (CIHI, 2012). CAOT-BC provides services, products, events and networking opportunities to assist occupational therapists achieve excellence in their professional practice and provides leadership in the development and promotion of the client-centred profession of occupational therapy in British Columbia. As key health professionals, occupational therapists focus on a person's ability rather than disability and provide essential services across the entire continuum of care.

Acknowledgements

This report was written under the direction of Giovanna Boniface, Managing Director of CAOT-BC. CAOT-BC would like to thank the BC Workforce Collaborative for their collaboration on this project and recognize the following individuals for their guidance, contributions and support in the development and review of this document.

Catherine Backman, PhD, FCAOT
Professor and Head, Occupational Science & Occupational Therapy, UBC

Patti Erlendson OT MHA
VCH Practice Leader Occupational Therapy

Kathy Corbett
Registrar/CEO, College of Occupational Therapists of BC

Les Smith, BSc (OT), MSc
Director of Programming, Child Development Centre of Prince George & District Association

Brenda Loveridge, BPT, MSc, PhD
Associate Dean, Health Professions, Faculty of Medicine, UBC

Lori Cyr, OT
Occupational Therapy Practice Coordinator/Clinical Resource Therapist, Mary Pack Arthritis Program

Linda Hirsekorn BSR (OT)
Director of Quality Assurance, Community Therapists

Heather Boersma,
Program Manager - Therapy Professions, BC Ministry of Health

UPDATE ON OCCUPATIONAL THERAPIST SHORTAGE IN BRITISH COLUMBIA

INTRODUCTION:

Occupational therapy is the art and science of enabling engagement in everyday living, through occupation (Townsend & Polatajko, 2007). Occupational therapists define an occupation as more than a chosen career, it refers to everything that people do during the course of their day.

The British Columbia (BC) Workforce Collaborative, comprised of representatives from the University of British Columbia (UBC), public and private sector employers, College of Occupational Therapists of British Columbia and the British Columbia Chapter of the Canadian Association of Occupational Therapists (CAOT-BC), is working to address the workforce issues for building and sustaining a healthy occupational therapy workforce to serve British Columbians.

Over-reliance on in-migration to meet the workforce demand for occupational therapists in BC has contributed to a long-standing shortage of occupational therapists. This shortage has a major impact on the province's ability to deliver the best health care possible for British Columbians. It is recommended that one immediate action needed to alleviate this shortage is to increase enrollment at UBC in the occupational therapy program. For the past five years 86% of UBC graduates entered clinical practice in BC on graduation, yet this is insufficient to meet current and project demand.

THE ISSUE:

There are a number of challenges facing the delivery of quality health services in British Columbia: a rapidly growing population, not enough education seats to meet increasing workforce demands, shortages of health professionals in rural, remote, northern and Aboriginal communities and changing demographics, which will require greater access to health professionals and ongoing care. The following section identifies the issues currently faced by occupational therapists in British Columbia's health care system.

The supply of occupational therapists in BC has not kept pace with population growth, the increase in the percentage of older citizens or the need for occupational therapy services across all regions of BC. The estimated population of the province is 4,573,321 persons as of July 1, 2011; this is an increase of approximately one percent over the preceding twelve months. The major factor driving population growth is migration to British Columbia. International migration accounts for 77.4% of the population gain while interprovincial migration makes up 17.3% of

the total. Most of the interprovincial migration is between British Columbia and Alberta. Natural increases are approximately 5%.

Existing UBC education seats and in-migration are not meeting the demand in the market place for occupational therapists. Public and private employers are challenged to fill vacancies for occupational therapists who work in a wide range of settings, including child development centers, hospitals, community clinics and home-based programs. This is especially acute in northern and rural communities. 2011 data from the Canadian Institute for Health Information (CIHI) indicates that less than 4% of the occupational therapist workforce in BC practice outside of urban areas (CIHI, 2012).

With limited seats in the occupational therapy training program at the University of British Columbia, residents of BC interested in becoming occupational therapists are disadvantaged by limited access to remain and learn in BC. As a result, they may well be lost to other provinces when educated elsewhere. A recent review in Saskatchewan, a province that purchases occupational therapy seats from the University of Alberta, found that less than one-third of the Saskatchewan residents sent out of province for their education returned home to practice (Adam, 2012).

THE NEED:

Occupational therapy as a profession promotes independence by enabling clients to achieve better functional outcomes in the areas of work, study, leisure and self-care. The shortage of occupational therapists creates long-term impacts for the health of the population because of the ongoing reliance on health services to perform basic tasks. For example, an occupational therapist in a home care setting can work with a client recovering from a stroke to improve self-care through modified practices and equipment that promotes independent bathing, brushing one's teeth and personal grooming. This in turn lessens the reliance on home care and other health service workers, such as personal care workers to provide basic support for tasks of everyday living.

As indicated in BC Work Futures, a joint publication of the B.C. Ministry of Jobs, Tourism and Innovation and Service Canada,

future job prospects in this occupational group are expected to be above average in upcoming years. Job growth will be due to an ageing population, increased life expectancy, technological advancements, greater social health awareness, and a shift toward ambulatory care (for patients who do not need to stay in a healthcare facility overnight). The

majority of job openings will result from new job creation. Further, since women comprise a high proportion of employment in this occupation, there are many openings that result from workers taking maternity leave. The BC Work Future publication also indicates that "Occupational therapists are currently in high demand throughout the province. At present, the number of new graduates is insufficient to meet demand. This shortage has provided expanded opportunities for new graduates to practice in areas that typically would have required a higher level of experience. More opportunities for on-the-job training and mentorship will also likely become available as a result of shortages. Industry sources report that the trend for workers moving to community practice (private practice) is expected to continue, as privatization and insurance coverage for occupational therapy services becomes more common.

People of all ages who are unable to access occupational therapy services may face unnecessary medical treatment, re-hospitalization, avoidable disability restriction, permanent unemployment and premature placement in long-term care facilities (Macdonald, 2006). For these reasons it is critical that action be taken now to increase the number of education seats to improve the supply of occupational therapists. This is particularly true for the underserved population of British Columbia. Pockets of British Columbia are especially poorly served, including northern and remote communities and Aboriginal communities. As noted above, 2011 data from CIHI indicates that less than 4% of the occupational therapist workforce in BC practice outside of urban areas.

THE CURRENT OCCUPATIONAL THERAPY WORKFORCE IN BRITISH COLUMBIA:

- From 2006 to 2011, the occupational therapist workforce in BC grew by 16.4%, reaching a total of 1,749 occupational therapists in 2011 (CIHI, 2012).
- The ratio of occupational therapists per 100,000 persons showed an increase from 33.0 in 2006 to 38 in 2011. This supply is less than other provinces including Alberta (40 per 100,000 persons), Manitoba (44 per 100,000 persons), New Brunswick (42 per 100,000 persons), Nova Scotia (43 per 100,000 persons) and Quebec (49 per 100,000 persons), (CIHI, 2012).
- When the supply estimates are adjusted to reflect total hours worked, the overall supply of occupational therapists in BC has shown an increase of 11.5% since 2007 (CIHI, 2012).
- BC has one of the lowest fulltime equivalent rates (0.89) across all Canadian jurisdictions (CIHI, 2012).
- Due to the low number of seats for educating occupational therapists in BC, 74.7% of new occupational therapists working in BC come from outside the province. Of the 154

new registrants of the College of Occupational Therapists of British Columbia (COTBC) in 2010, only 39 (25.3%) received their entry level education in BC, with 72 (46.8%) educated elsewhere in Canada and 43 (27.9%) receiving their education in another country (COTBC, 2010-2011).

- The province of British Columbia has one university program (University of British Columbia) that offers a master's degree in occupational therapy. Of the occupational therapists in BC that were educated in Canada, less than half completed their basic education at the University of British Columbia. The top three provinces of graduation for the Canadian-educated BC occupational therapy workforce were BC (39.7%), Ontario (18.7.0%) and Alberta (14.6%).
- Of the BC occupational therapy workforce, 6.2% were classified as new graduates, slightly lower than for all Canadian jurisdictions included in the analysis (6.8%).
- BC had the highest proportion of occupational therapists who were internationally educated (16.8%) compared to all other jurisdictions included in the analysis (9.1%), (CIHI, 2012). Occupational therapists coming to Canada from other countries often require assistance to prepare for practice in Canada. Unfortunately, existing pilot projects for internationally educated occupational therapists lack long-term sustainable funding.
- Occupational therapists, like other health professionals, are part of the aging workforce. The average age of the occupational therapy workforce is older in BC at 41.4 years, than the national average of 39.1 years. This is the second oldest occupational therapist workforce in Canada, second only to Prince Edward Island. In addition, the British Columbia occupational therapist workforce has the second highest proportion above the age of 50 (25.2%) than other Canadian province (second to Prince Edward Island), (CIHI, 2012).

PERSPECTIVES OF OCCUPATIONAL THERAPISTS IN BRITISH COLUMBIA:

In 2010, the provincial government asked if there was sufficient capacity in BC for practical (fieldwork) education in the event they funded an expanded number of university places for occupational therapists. In response, the BC Workforce Collaborative conducted a survey of all occupational therapists registered in the province (April 2011) to determine their views regarding the provision of student practical experience. The information gathered supports the request for additional seats and demonstrates the ability to provide increased fieldwork placements.

- The overwhelming majority of respondents to this survey of occupational therapists in British Columbia (84%) indicated that they are interested in providing fieldwork experiences for occupational therapy students.
- The majority of respondents (87%) expressed workload pressure and/or lack of time as the main perceived challenge to providing fieldwork education, which can be addressed through provision of fieldwork education resources and support.
- Only 24% of respondents indicated their place of work required them to provide students with fieldwork experience, illustrating there are untapped resources for practical education if more employers supported the majority of occupational therapists willing to train students.
- Respondents recommended that if an expansion of seats in the Master of Occupational Therapy (MOT) program occurs, it should happen on an incremental basis with a portion of seats being located outside the lower mainland.

CHALLENGES IN BRITISH COLUMBIA:

It is important for BC to address provincial shortages of occupational therapists to meet the following challenges:

1. Managing the issues related to population growth in urban communities, population decline in rural areas and increasing numbers of older British Columbians.

- Over 95% of the British Columbia occupational therapy workforce is employed in urban areas. Less than 5% work in rural or remote areas. Educating occupational therapist in BC to meet the unique geographical, social and health needs outside our urban centres is paramount to improving health outcomes in the province.
- Occupational therapists play a major role in health services delivery, working with older adults to help them best manage the activities they want or need to do and to maintain maximum independence as they age.
- Occupational therapists work with all ages to ensure a full engagement in life. For example, occupational therapists assist older adults to live and remain in their own homes as well as help children with disabilities be as independent as possible in their lives. They also create opportunities for people living with mental illness to work and socialize within their communities.
- Occupational therapists promote healthy living by helping people deal with stress, balance life challenges, encourage heart and brain health, among others things.
- According to the Report of the Expert Panel prepared for the Canadian Academy of Health Sciences (CAHS), people with chronic health conditions should have access to a system of care throughout their life span no matter where they live, supported by self-

management to ensure optimal care and improved outcomes (CAHS, 2010).

Occupational therapists are experts in enabling self-management.

- This challenge can be met: there exist excellent examples of British Columbian occupational therapists collaborating local communities and the Ministries to improve the services offered to specific populations, such as early intervention services for children in Aboriginal communities (Gerlach, 2007).

2. Ensuring a health care system to meet the needs of a growing and aging population

- Occupational therapists by the very nature of their profession promote the engagement in self-care, work and leisure activities to achieve maximum health and quality of life for people of all ages.
- An extensive literature review of the effect and outcome of occupational therapy, limited to adults and older adults (Law & McColl, 2010) indicate that:
 - occupational therapy leads to improved personal care, functional mobility, decreased depression, and decreased costs across a number of diagnostic categories including stroke, arthritis and multiple sclerosis.
 - occupational therapy leads to significant improvement in work skills and work participation, in both physical and mental health practice areas
 - occupational therapy improves participation in daily occupations (across home, community, social, and civic life), improved functional outcomes and life satisfaction.

MEETING THE CHALLENGE:

To meet the current and projected need for occupational therapists in both public and private health, education and social service sectors, the BC Workforce Collaborative recommends that the Province act to increase the number of occupational therapists educated within BC. An incremental increase over four to five years is recommended, to match the increase in demand. The current quota of 48 admissions per year at UBC needs to be doubled and the educational model needs to consider the geographical disparities in health service delivery in BC.

REFERENCES

Adam, BA. (2012). Sask. training seats yield low return. *The Star Phoenix*. May 18, 2012.

BC WorkFutures.

(<http://www.workfutures.bc.ca/wfa/viewProfileDetails.do?pageNo=page5&bundleId=225>)

Canadian Academy of Health Sciences (CAHS). (2010). *Transforming Care for Canadians with Chronic Health Conditions*.

Canadian Institute for Health Information. (2012). *Occupational Therapists in Canada, 2011*. Ottawa, ON: Canadian Institute for Health Information (CIHI).

Gerlach, A. (2007). *Steps in the right direction: Connecting and collaborating in early intervention therapy with Aboriginal families and communities in British Columbia*. BC Aboriginal Child Care Society. Accessed at: http://www.acc-society.bc.ca/files_new/documents/StepsintheRightDirectionConnectingandCollaboratinginEarlyInterventionTherapywithAb.Familiesa.pdf

Law, M. & McColl, M.A. (2010). Conclusion and recommendations. In: M. Law & M.A. McColl (Eds.) *Interventions, effects, and outcomes in occupational therapy: Adults and older adults*, pp. 325-330. Thorofare, NJ: Slack Inc.

MacDonald, D. (2006). *Economic evaluation of occupational therapy*. Available from the Canadian Association of Occupational Therapists. Ottawa: Canada College of Occupational Therapists of BC, Annual Report, 2011.

Townsend, EA & Polatajko, HJ. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being & justice through occupation*. Ottawa, ON: CAOT