



Invitation to Participate in the Canada Student Loan Forgiveness Consultation

Submission from the Canadian Association
of Occupational Therapists (CAOT)

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About CAOT

The Canadian Association of Occupational Therapists (CAOT) is the national organization that supports more than 20,000 occupational therapists (OTs) and occupational therapy assistants (OTAs) who work or study in Canada. CAOT's mission is to advance excellence in occupational therapy, and its vision is that occupational therapy is valued and accessible across Canada. CAOT provides products, services and learning opportunities that assist occupational therapists in achieving excellence in their professional practice. Additionally, CAOT provides leadership in the development and promotion of the occupational therapy profession in Canada and internationally.

Consultation Questions

1. To what extent does the current Canada Student Loan Forgiveness benefit assist the recruitment of health professionals in rural and remote communities?

The Canada Student Loan Forgiveness benefit, in its current iteration, is limited in its assistance in the recruitment of health professionals in rural and remote communities. The benefit should be expanded beyond doctors and nurses to include extended health care professionals such as occupational therapists, social workers, and physiotherapists. In addition to expanding eligibility for the benefit, a more holistic approach and analysis of recruitment and retention strategies across health care professions is required. Research suggests that financial incentives are not positively associated with improved recruitment and retention of physicians to rural practice (Koebisch et al., 2020). Additional factors must be considered in conjunction with the benefit in order to successfully build up and maintain health human resources in rural and remote communities.

2. Would a different amount of loan forgiveness from what is currently available provide a stronger incentive? If so, over what period of time?

A higher amount of loan forgiveness from what is currently available could provide a stronger incentive; however, loan forgiveness as a strategy alone/in isolation may not significantly impact recruitment and retention rates in rural and remote areas across Canada. A more holistic approach and analysis of recruitment and retention strategies across health care professions (including extended/allied health care professions) is required.

To date, research on recruitment and retention strategies has focused on family physicians and various nursing roles. The recruitment of occupational therapists and other extended health professions must be considered in order to provide team-based care that meets the needs of rural and remote populations.

3. **What other factors, other than financial incentives, would help motivate recent graduates in health professions to work in rural or remote areas (e.g., post-graduate training in a rural or remote community, personal connections to the community, etc.)?**

Interprofessional & team-based primary care that includes occupational therapists and other extended health professionals

- Patients are presenting with increasingly complex and chronic conditions, with physical, cognitive, and mental health considerations. Extended/allied health professionals are experts in chronic care management and are a critical part of primary health care teams (Roots et al., 2014). For example, the scope of occupational therapy goes well beyond recovery to include health promotion, disability and disease prevention, and community development (Metzler et al., 2012).
- Evidence has shown that collaborative practice between different health care professionals can produce positive results such as improvements in patient access, quality of services delivered, professional job satisfaction, and workplace productivity (Rumball-Smith et al., 2014; Roots & MacDonald, 2014). This shift is important for the development of a more comprehensive model of primary care incorporating health promotion, prevention, and continuous care (Freund et al., 2015; Roots & MacDonald, 2014).

Supporting Professional Growth & Optimizing Scope of Practice

- Optimizing scope of practice with the provision of clinical education, mentorship, and training supports is critical for retention of health care professionals and overall job satisfaction. For example, occupational therapists can practice as mental health providers, which is within their scope of practice, and fits with the generalist approach on primary care teams. In addition, providing opportunities for professional leadership, advancement, and mentorship are important for longevity, retention, and reducing burnout.

Prioritizing Indigenous recruitment and retention

- The Northern Ontario School of Medicine (NOSM) model is a good example of what is needed for recruitment and retention of health care workers in the North, in particular Indigenous students.
- The NOSM program has been successful in recruiting Indigenous students, with close proximity to their home communities, as well as housing, flexibility with learning, and instrumental assistance with things such as application processes.
- A similar model could be incorporated into other health professions, such as having a Northern OT school in Ontario.

- Team-based placements in rural and remote areas during professional development and training have been positively associated with future health care professionals returning to rural and remote areas to practice (Koebisch et al., 2020).
- Funding to offset the higher cost of living, in conjunction with support for the many logistical challenges in accessing housing and accommodations, could be provided to students to support the completion of placements in rural and remote areas.

4. To what extent do financial benefits, such as Canada Student Loan Forgiveness, provide an incentive for health professionals to provide health services in rural or remote communities over the medium-term (e.g., beyond the 5-year loan forgiveness period)?

Historically, recruitment and retention efforts have focused on financial incentives; however, research has indicated that there is a shift to focus on understanding additional recruitment strategies and/or solutions to determine what factors lead students to work in underserved regions following completion of education and/or training (Koebisch et al., 2020; Pong, 2021). Occupational therapists currently practicing in the territories have shared that having their student loans reduced or eliminated would allow them to stay working and living in these regions for a longer period of time. At present, the cost of living in the territories is significantly higher than the national average.

5. What are the factors that might cause them to leave these rural or remote communities to work in more urban areas?

The following factors may lead health care professionals, including occupational therapists to leave rural or remote communities:

- Decreased access to and availability of educational and training opportunities (especially given the complexity of client health care needs in rural and remote communities)
- Decreased access to or lack of available professional supports (new graduates may be reluctant to work as a sole therapist in rural and remote areas)
- Decreased opportunities for career advancement and leadership (extended health care professionals need to be supported to apply to leadership positions)
- Decreased employment opportunities for spouses/partners and limited social and entertainment opportunities for families (especially related to educational and extracurricular opportunities)
- The relatively small number of healthcare professionals in rural communities results in the need to manage large caseloads containing a broad spectrum of health conditions. As a result, the lack of available health care professionals

available for consultation and interprofessional practice can lead to higher levels of burnout and decreased job satisfaction

- Geographical distance from friends and family
- The lack of specialized health services that limit access to healthcare for themselves and their families.

6. Please identify up to five health professionals in order of priority, beyond family doctors and residents in family medicine, registered practical nurses, licensed practical nurses, registered nurses, registered psychiatric nurses, and nurse practitioners that are most urgently needed in rural/remote communities. Please provide a rationale for your suggestions and prioritization. Your suggestions could include, for example, health professionals in:

- **Specialized physician care**
- **Oral health care**
- **Primary and extended health care**
- **Mental health services**

Please include any available supporting evidence (e.g., data, research, survey results, examples, etc.) to demonstrate the need for the priority health professionals you identify.

a. Occupational Therapists (OTs)

It is strongly recommended that the Student Loan Forgiveness benefit be expanded to include extended/allied health care professionals, including occupational therapists and occupational therapy assistants. As of 2021, 46.1% of occupational therapists were employed in hospitals, 43.2% in community health, 3.6% in long-term care (LTC), 7.1% working in “other”, including government, industry, manufacturing, and commercial settings (CIHI, 2021). In addition, 68% work in urban settings and only 3.7% in rural settings (CIHI, 2021). Availability of Student Loan Forgiveness to extended/allied health care professionals may work to increase the contingent of occupational therapists providing services to rural and remote regions.

Occupational therapists are integral to primary care teams and use their expertise and full scope of practice to improve client health and participation in daily activities. The goal for occupational therapy in primary care is to offer Canadians direct and first access to occupational therapy and provide services longitudinally, with the potential to follow clients over their lifespans (Donnelly et. al., 2022). Occupational therapists also facilitate coordination of services both within the team and with community services (Donnelly et al., 2022). Occupational therapists act as primary care practitioners or health promotion experts and help address and relieve multiple stressors on Canada’s health system,

including chronic disease management, provision of mental health services (reducing the need for immediate specialists), long-COVID rehabilitation, non-pharmacological pain management, and health promotion and injury/disease prevention. In addition, seeing an occupational therapist in primary care could prevent hospitalizations and decrease the risk of institutionalization (Bierlein et al, 2015); thus, incurring cost-savings to the health care system.

b. Occupational Therapy Assistants (OTAs)

Occupational therapist assistants (OTAs) are individuals who have the job-related competencies to support occupational therapists in delivering occupational therapy services. The work of the OTA is supervised by an occupational therapist. They work to promote participation in occupation with specific populations and reduce occupational performance issues in a range of practice contexts. OTAs are skilled in demonstrating effective problem solving and judgment related to assigned service components (CAOT Position Statement Support Personnel in Occupational Therapy Services, 2007c).

COVID has demonstrated the critical need for inter-disciplinary team based primary care models of care – a model endorsed by the WHO.

“COVID highlighted priority areas for strengthening public health systems in Canada. It also provided a critical opportunity to address long-standing gaps through innovation and collaborative efforts” (Public Health Agency of Canada, 2021). Canada can transform the current expensive, hospital-centric, medical, sickness care model to a client/patient/community centric, health- and wellness- based model of care – with an emphasis on health promotion and disease prevention delivered by health care professionals, such as OTs and OTAs, outside the confines of “bricks and mortar” hospital facilities and in communities.

7. Is the current requirement that family doctors and residents in family medicine, registered practical nurses, licensed practical nurses, registered nurses, registered psychiatric nurses, and nurse practitioners provide a minimum of 400 hours of service appropriate?

The current requirement of 400 hours of service is not appropriate. It is recommended that a more substantial service length (e.g., one year) be implemented to ensure that the health care professional can spend an adequate amount of time understanding community needs and providing a more comprehensive and in-depth level of service.

8. Would the same service minimum be appropriate for the priority professions you identified above?

No, 400 hours would not be appropriate. A longer service minimum would be required for occupational therapists to understand the needs of the community and population served.

9. Would a multi-year service commitment (e.g., a commitment to remain in the community for two or three years) to access the benefit help with health professional recruitment or retention?

It is recommended that a yearly commitment be implemented to access the full available benefits of a Student Loan Forgiveness program. There could be an option for yearly renewal and the possibility to access additional incentives with each year of service.

10. Would it be appropriate to extend eligibility of the benefit to virtual services provided by the priority professions you identified above?

In order to address the current health human resources crisis in rural and remote communities, it would be appropriate to extend eligibility of the benefit to virtual services provided by extended health care professions, including occupational therapists. The use of technology would present an opportunity for occupational therapists to reach underserved populations with the added benefit of increased flexibility with respect to the timing of meetings and appointments due to reduced travel time. It is important to note that despite the convenience and flexibility associated with the use of technology, it must be highlighted that enhanced internet connectivity and community infrastructure are required in rural and remote areas, and in particular Indigenous communities, to support ongoing virtual care (OMA, 2021). In addition to community infrastructure, there also may be a need for the implementation of inter-jurisdictional regulation to allow occupational therapists to provide virtual services to clients that are located in a different province or territory than where they are registered with a regulatory organization.

11. Please share any additional input on Canada Student Loan Forgiveness that is not covered in your answers to the previous questions.

To better serve rural and remote communities across Canada, it is recommended that a comprehensive national or provincial rural health care strategy, that includes the Student Loan Forgiveness, be developed to address the health needs of these communities. This strategy could also be imbedded within a national primary care strategy to support accessing health care services across all communities and regions in Canada.

Information about your organization

1. Please provide a short summary of what your profession does (e.g., what services you deliver to Canadians, who are key clients/beneficiaries of your services, does practice take place in privately set up clinics, hospitals, other community sites, etc.).

Occupational therapy is a client-centered health profession that promotes health and well-being through meaningful occupation, and participation in the activities of everyday life. OTs are highly educated and regulated health care professionals, who have the competencies, skills, knowledge, and expertise to support the participation of individuals in activities across their lifespan. OTs work with clients with various physical, mental, and

cognitive conditions that are chronic or episodic in nature. OTs provide cost-effective solutions in a variety of practice settings including team-based primary care; rehabilitation; disease and injury prevention; community and home care as well as mental health supports that are focused on positive health and wellness outcomes while reducing unnecessary health care expenditures.

2. Can you describe the post-secondary education and other professional requirements (e.g., passing an exam, clinical/work experience, joining a professional and/or regulatory body, etc.) required to practice your profession?

Occupational therapy is a regulated health profession and, as such, OTs must meet the registration requirements of a provincial regulatory organization in Canada. OTs are university educated and complete a minimum of 1,000 hours of supervised fieldwork experience (on-the-job training). The accreditation standards set by the Academic Credentialing Council (ACC) accepts the master's degree in occupational therapy as the minimal educational requirement for entry-level education in Canada.

After completing the entry-level education, applicants to the provincial regulatory organization in every province (other than Quebec) must successfully complete the National Occupational Therapy Certification Exam (NOTCE), as a requirement of registration. In the Yukon, Northwest Territories and Nunavut, occupational therapists are not currently a regulated health profession and as such, regulation requirements may differ depending on the employer. For example, most employers in these territories require that occupational therapists (at a minimum) be eligible for CAOT membership, and therefore, the occupational therapists must write and pass the NOTCE. In addition, some employers (but not all) may require occupational therapists to register with a provincial regulatory body.

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