

REPORT OF THE PROFESSIONAL
ISSUES FORUM ON *EXAMINING
OCCUPATIONAL THERAPY HEALTH
HUMAN RESOURCES ACROSS
CANADA POST-PANDEMIC*

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Report of the Professional Issues Forum on ***Examining occupational therapy health human resources across Canada post-pandemic*** Saskatoon, SK CAOT Conference May 2023

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INTRODUCTION

Professional Issues Forums (PIF) are presented to address priority health and social issues, and emerging practice areas in occupational therapy. This year, the PIF entitled *Examining occupational therapy health human resources across Canada post-pandemic: Mental Health, Primary Care, and Long COVID areas of practice* was the second PIF selected by the CAOT Board of Directors for the 2023 CAOT Conference. Traditionally, PIFs are designed by reaching out to academics (typically three individuals) in a given field or area of expertise who can speak to the chosen topic. In the case of this PIF, we were not in a position to reach out to occupational therapy experts in this field given that the HHR landscape is geographically segmented across the country, and 'national expertise' is not readily available within the profession. As such, we made the decision to collaborate with occupational therapists across different areas of practice to develop the content. In addition, an invited guest, Dr. Ivy Bourgeault, supported the discussion as the national voice for HHR in Canada.

The last time that HHR was the predominant focus at a PIF was in 2009 at the CAOT Conference in Ottawa, ON. The PIF entitled *Workforce Retention in Occupational Therapy* led to several recommendations of which only some have been addressed at present (e.g., increasing seats at the occupational therapy program at the University of British Columbia, developing Chapters at CAOT, and developing mentorship supports for occupational therapists). Recommendations that remain largely unaddressed until recently include supporting occupational therapist assistants (OTAs) within the profession, resource development, and the development of an occupational therapy program at the University of Saskatchewan. In addition to the 2009 PIF, CAOT released a Position Statement in 2011 entitled *Health Human Resources in Occupational Therapy* which is available as an archived resource on the CAOT website.

The specific objectives of the PIF involved: 1) reviewing the state of HHR in occupational therapy across Canada from an over-arching perspective; 2) reviewing the state of HHR in Saskatchewan; 3) considering the implications of interjurisdictional practice on HHR in Canada; and 4) examining examples of HHR in the areas of mental health, primary care, and Long COVID rehabilitation.

To support the conversation and create a sustainable home for HHR content and resources, a webpage in English and French was created prior to the CAOT conference: <https://caot.ca/site/adv-news/advocacy/HHR>.

BACKGROUND

Canada is facing an unprecedented shortage of health care professionals, including occupational therapists and other extended health care providers. The health human resources (HHR) shortage has been growing for decades, however, has turned into a crisis with the onset of the COVID-19 pandemic. Health care professionals are leaving the health care sector or have expressed an interest to leave due to increased stress and experiences of burnout. As the wellbeing of the health workforce is fundamental to delivering safe and high-quality healthcare to Canadians, this crisis must be addressed with the utmost urgency.

According to data retrieved from the Canadian Institute for Health Information (CIHI) (2021), the occupational therapy workforce has grown from 7,575 occupational therapists in 1997 to over 20,000 in 2021. CIHI (2021) data states that within Canada 68% of occupational therapists work in urban settings and only 3.7% work in rural regions- suggesting an uneven distribution of occupational therapists across Canada. It is further important to note that there is currently no available data on the supply of occupational therapist assistants (OTAs) in Canada. Despite occupational therapy being a growing profession, it continues to remain one of the professional categories wherein the demand will exceed supply between 2019 and 2028 (Employment and Social Development Canada, 2020). This demand for occupational therapy services will only continue in the future due to population growth in Canada, an aging population, ongoing pressures from the pandemic e.g., the need for Long COVID rehabilitation supports and services, among other factors.

Currently, occupational therapy workforce data is collected by the ten provincial regulators in Canada and by CAOT for occupational therapists living in the territories (Northwest Territories, the Yukon, and Nunavut) and is shared with the Canadian Institute for Health Information (CIHI). CIHI is an independent, not-for-profit organization that provides information on Canada's health system and the health of Canadians and gathers health data for dozens of professions. It is important to note that areas of practice are defined differently by CIHI (approximately 30) compared to CAOT (approximately 60), as CIHI clusters data from multiple health professions and utilizes more generic categories. This clarification of areas of practice suggests that current occupational therapy data collection sources may not provide an accurate picture and representation of the occupational therapy workforce across Canada. As a result, there is a need for a coordinated strengthening of occupational therapy data collection and workforce research across Canada.

SPOTLIGHT ON SASKATCHEWAN

Tami Turner, OT Reg (SK.) presented the health human resources (HHR) occupational therapy landscape in the province of Saskatchewan and acknowledged the reliance of the workforce on outside provinces to meet workforce needs. Saskatchewan has the second lowest number of occupational therapists per 100,000 employed in the direct care workforce at 27.3 (CIHI, 2021) and when combined with chronic vacancy and recruitment issues, impacts the occupational therapy services the residents of Saskatchewan require and deserve. It is also important to highlight that Saskatchewan is one of the provinces that does not have an occupational therapy academic program which impacts both recruitment, retention, and advocacy efforts related to the public and other professional's awareness of occupational therapy.

Saskatchewan continues to have a longstanding interprovincial agreement between the University of Alberta and the Saskatchewan government to support Saskatchewan students to attend the occupational therapy program at the University of Alberta. In the Fall of 2023, the number of student seats will increase from 20 to 25. Despite this increase, the number of seats is low compared to other provinces and will not meet the gap in occupational therapy services in the province- requiring more than 132 additional individual therapists just to meet the national average (QED, 2016). Additionally, there is no return agreement for the Saskatchewan seats (i.e., no guarantee that students will return to the province to practice). To provide optimal occupational therapy service, the World Federation of Occupational Therapists (WFOT) recommends 750 occupational therapists per 1 million persons (Richards & Vallée, 2020); however, the number of occupational therapists in Saskatchewan as of March 2023 is currently 416 for approximately 1.2 million persons.

Regarding area of practice and practice setting, most occupational therapists in the province are employed in the public sector by the Saskatchewan Health Authority (SHA), with few clinicians working in private practice and community-based care e.g., schools (QED, 2016). Notably, there is an unequal distribution of where clinicians work in the province with 326 working in urban centers, which happen to be located in the southern part of the province, compared to 39 working in rural and northern areas (CIHI, 2021) impacting availability and access to necessary occupational therapy services in these areas. Further, it is important to highlight that there are very few occupational therapists working in the practice context of mental health. In addition to this PIF, throughout the CAOT conference there were presentations that spoke to the challenge of securing an occupational therapy program at the University of Saskatchewan. Without its own academic program, Saskatchewan is at a disadvantage for recruitment, public awareness, and growth of the profession. With the new CAOT-SK Chapter, there is more support for Saskatchewan occupational therapists; specifically, to elevate their voices in advocacy, volunteerism, mentorship of student therapists, engagement in leadership roles, and participation in professional development.

A REVIEW OF INTERJURISDICTIONAL PRACTICE

Jaime Jones, OT Reg. (Ont.) spoke about her experience working in interjurisdictional practice and the possible impact on health human resources (HHR) in occupational therapy. In 2022, Jaime made the decision to move away from clinical work into an administrative role with the Federal Government. She joined a new team based in Gatineau, Quebec with Employment and Social Development Canada – working remotely from Ottawa, Ontario. In this role, she advised managers and employees on the duty to accommodate process for the 13 protected grounds of discrimination, mostly those relating to disability, and worked with employees and managers across Canada to support the department's 37,000 employees. She was the only occupational therapist on a team of five HR Advisors. The role required Jaime to facilitate the accommodations process and act as a neutral third party with no authority to make decisions. Although registration with a college was not required for the role, management saw the value in maintaining registration and recognized the unique value of having an occupational therapist on the team.

To determine whether Jaime should be regulated in more than one province, she began gathering information from each regulatory body and met to discuss the matter with CAOT's professional practice team. Currently, Canada does not have national licensure for occupational therapists but supports a labour mobility agreement (Association of Canadian Occupational Therapy Regulatory Organizations [ACOTRO], 2022) that allows occupational therapists to move from one province to another without having to engage in additional training or education. In 2023, the concept of national licensure has been put at the forefront by the Canadian Medical Association (CMA) as one strategy to address the HHR crisis. Currently, with telehealth options, client/therapist mobility, and an increase in non-traditional roles, there are a growing number of opportunities to practice across borders, particularly in private practice and national role settings. As such, with a national exam and the release of the new Competencies for Occupational Therapists in Canada in November 2021 to establish the same standards of practice Canada wide, should the profession explore different levels of registration? If not, do we risk losing occupational therapists from the profession if regulation remains the status quo?

Areas of Practice

The HHR context of three areas of practice were reviewed based on priority populations in Canada.

Mental Health

Monique Lizon, OT Reg. (Ont.) presented on the current state of mental health within health human resources (HHR) in Canada. It is well known and documented that there is a growing mental health crisis across Canada. Recent data highlights that 54% of Canadians reported a worsening of their mental health two years after the onset of the pandemic (Angus Reid Institute, 2022). In addition to identifying changes in the mental health of Canadians, it is further important to review the mental health and wellbeing of health care practitioners. Health professions are ranked among the most stressful occupations with health care practitioners experiencing burnout, anxiety, depression, PTSD (Post Traumatic Stress Disorder), and substance use at higher rates than the general population (as cited in Bourgeault et al., 2022). Health care practitioners are leaving the health care field and others have expressed an intention to leave in the next three years due to burnout, concerns regarding mental health, and lack of job satisfaction. As a result, there is an urgent need to work towards solutions to support the mental health of health care professionals, including occupational therapists. Such solutions can include developing a mental health strategy for health care workers, and supporting research related to recruitment and retention factors within health care professions.

Regarding practice in the area of mental health, occupational therapists have the skills, knowledge, and competencies to provide safe and ethical care. However, challenges exist that may limit occupational therapy opportunities in mental health such as the lack of coverage by extended health care benefits and a lack of recognition of occupational therapists as mental health providers. To position the profession as part of a HHR solution within mental health, there is a need to explore the development of a strategy to strengthen the occupational therapy workforce (including data collection), advocate for increased coverage for occupational therapy services, optimize occupational therapy scope of practice in mental health, improve processes to facilitate collaboration between occupational therapists and occupational therapist assistants, and explore the implementation of virtual care across Canada. Moving forward, we need to support the wellbeing of our health workforce while simultaneously breaking down the barriers that make it difficult for Canadians to access services due to a lack of coverage or financial resources.

Primary Care

Tanya Fawkes, MOT presented considerations and thoughts on primary care and occupational therapy in the context of health human resources (HHR) and as the first point of contact with the health care system. The *Occupational Therapy and Primary Care: A vision for the path forward* paper (Donnelly et al., 2022) suggests that by placing occupational therapists in primary care settings, we can divert occupational therapists away from acute care settings. For all intents and purposes, a primary care occupational therapist is essentially a generalist working in a clinic-type setting usually alongside an interprofessional care team. The services provided to the populations identified are dependent on the skillset of each occupational therapist and the needs of the community. Some may work with children and/or older adults; some may run therapy groups or engage in outpatient and community visits; some may work in specific funding models that service specific populations. At present, the data that could inform the growing impact that an occupational therapist may have in primary care is not easily captured. CAOT's *Find an OT* search function identifies 37 members who self-report as working in primary care in Canada. This number is under representative as it is self-reported and only includes CAOT members. A potentially more accurate listing would be to consult provincial regulators' *Find an OT* search functions. However, the practice area categories listed by colleges are largely based on current Canadian Institute for Health Information (CIHI) categories which do not specifically include "primary care".

There is a strong opinion that occupational therapists belong in primary care based on the fit between the desired outcomes of expanded primary care as a health delivery improvement and the scope and skills of occupational therapists. Primary care is a developing area of practice across Canada. This presents an opportunity to grow the profession and its impact on health outcomes in a coordinated manner. Connecting clinicians practicing in this area will build awareness and value of the role of occupational therapy while also building assessment and intervention processes targeted in primary care. It is likely that there would need to be a realignment of some areas of the workforce to support the growth of occupational therapy positions in primary care. Time and "in situ" research is needed to determine the impact on HHR with occupational therapy in a proactive and preventive role, rather than a reactive or rehabilitative role (i.e., how well will the shift to preventative care relieve the pressures on acute and community home health and the associated workforce in those areas).

Long COVID Rehabilitation

Dobrochna Litwin, erg., presented on the role and the need for occupational therapy services within Long COVID rehabilitation and its impact on health human resources (HHR). As of August 2022, 1.4 million Canadians reported Long COVID symptoms that lasted more than three months after the initial infection (Office of the Chief Science Advisor of Canada, 2022). At present, there are 15 Long COVID clinics in Quebec; however, not all offer occupational therapy services. During her presentation, Dobrochna acknowledged that clinic wait lists are getting longer and longer – with the majority of individuals dealing with Long COVID symptoms mostly in their 40s and not able to return to full-time work. This is important to highlight due to the considerable financial and human resource loss. As a result, continued advocacy is required to ensure that occupational therapists are involved in the return-to-work process, and long-term disability allowances be inclusive of the Long COVID population. As well, occupational therapists need to be involved in early intervention, as the earlier we start teaching self-management strategies, the better the chance of resuming daily activities and participating in meaningful occupations.

The public health system is no longer sufficient to meet the needs of the Long COVID population. Working in silos (i.e., region by region, clinic by clinic) is not a solution. As a result, we should work towards unifying our strengths and knowledge across the country to ensure everyone can benefit. As an alternative, we need to work together with the private sector; share roles and responsibilities by harnessing everyone's expertise. For instance, we can work towards collaboration with private clinics when supporting return to work rehabilitation. To ensure appropriate and accessible services are available, support from professional associations (e.g., CAOT-QC currently supports a longue COVID community of practice) and regulatory colleges is required to provide occupational therapists with proper training, evidence-based data, and social platforms on which occupational therapists can discuss, share, and seek advice.

In review of the three areas of practice, it is important to acknowledge that the content presented was shared with a focus on urban settings. It must be highlighted that the health human resources challenges in a rural or remote practice setting will be unique and thus, require different solutions that must be tailored to the region or specific location of practice.

CLOSING WORDS AND NEXT STEPS:

In summary, the PIF highlighted the need to position the occupational therapy profession as part of the solution to manage the health human resources (HHR) crisis. However, it must be acknowledged that to position the profession, we must also advocate for and work to maintain the wellbeing of the current workforce to retain occupational therapists and occupational therapist assistants. As mentioned, health care practitioners, including occupational therapists, have left their respective health professions, or have expressed an intent to leave. We also need to continue to advocate for an increased supply of occupational therapists available to work in emerging areas of practice such as Long COVID and optimize scope of practice in current areas such as primary care and mental health. One solution to increase supply is to continue to demonstrate the value proposition of the profession and advocate for additional academic seats at all universities across Canada and continue efforts to establish an occupational therapy program at the University of Saskatchewan. Finally, we also need to enhance our collaboration with occupational therapist assistants in various areas of practice and engage in workforce research to strengthen workforce data collection and planning.

Moving beyond the 2023 HHR PIF, CAOT will continue to review and update the CAOT HHR webpage as content, resources, and data becomes available. CAOT will continue to support the occupational therapy workforce and work to position the profession as part of the solution to the HHR challenges across Canada. Occupational therapists and stakeholders are encouraged to review the PIF summary report and to please reach out to CAOT at advocacy@caot.ca with feedback, questions, or comments.

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