

The occupational therapy workforce in Canada

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In May 2005, CAOT initiated the Workforce Integration Project for International Graduates in Occupational Therapy with funding from the Government of Canada's Foreign Credential Recognition Program. An initial step of this project was to conduct a review of available information regarding the occupational therapy workforce in Canada. This review was necessary to understand the context for occupational therapy practice in Canada. Highlights of the findings of this review are outlined below.

Education

Approximately 725 students graduate from Canadian occupational therapy university education programs annually. Occupational therapists educated in Canada currently receive a bachelor's or master's degree as an entry level credential. Beginning in 2008, only master's-level programs

will be eligible for CAOT accreditation. The majority of Canadian university programs have now implemented curriculum changes to confer a Master's entry-level credential (ACOTUP, 2004).

The number of occupational therapists in Canada with advanced degrees is increasing. In 2004, over 13% of occupational therapists who were members of CAOT had advanced degrees, including 104 occupational therapists with a doctoral degree (CAOT, 2005).

Almost one in ten occupational therapists in Canada who are members of CAOT received their entry level education outside of Canada. Most of these internationally educated occupational therapists are living in the provinces of Ontario and British Columbia (CAOT, 2005).

Roles

In 2004, almost 90% of occupational therapists who were CAOT members were working in roles with occupational therapy clients. Many occupational therapists however also balance multiple roles in their practice. Fifty per cent of CAOT members acted as consultants, 20% had management roles and 7% were involved in research. Five per cent of CAOT members were academic faculty (CAOT, 2005).

Supply

Over the past decade, the supply of occupational therapists in Canada increased faster than population growth, with an average of 31.1 occupational therapists per 100,000 population, an increase from 26.0 in 1998 (Canadian Institute for Health Information [CIHI], 2004). Despite this increase,

(Left to right) CAOT Executive Director Claudia von Zweck, Kurt Davis, of the Canadian Society for Medical Laboratory Science, HRSDC Minister Belinda Stronach and Richard Lauzon, of the Canadian Association of Medical Radiation Technologists, in Halifax as the federal government announces over \$1.6 million in funding for programs, including the CAOT's Workforce Integration Project, to help integrate immigrants and foreign-trained Canadians into the workforce.



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the supply of occupational therapists in Canada continues to significantly lag behind many European countries such as the United Kingdom, Belgium, Sweden, and Denmark that report between 43 and 105 occupational therapists per 100,000 (Council of Occupational Therapists for European Countries, 2005).

The average age of occupational therapists in Canada is reported to be 36 years and over 90% are female (Human Resources and Skills Development Canada [HRSDC], 2005a). Within this young workforce, maternity leaves of absence are common. In addition, the rate of part-time work among occupational therapists varies in different provinces from 20 to 46% (HRSDC, 2005a; New Brunswick Department of Health and Wellness, 2002; Schroeder et al, 2005). These factors influence the productivity of the workforce. A New Brunswick report confirms that despite public-sector occupational therapy workforce increases, the average number of hours worked fell (New Brunswick Department of Health and Wellness, 2002).

Upcoming retirements are expected to reduce the available workforce for educational faculty (Ontario Hospital Association, 2003), and many occupational therapists appear to leave the profession after 20 to 30 years. Without a defined career ladder within the profession, many occupational therapists who are working in roles that do not involve contact with clients, such as managers, researchers and educators, fail to retain their titles as occupational therapists (Province of Nova Scotia, 2001).

Health system changes may interfere with job satisfaction and retention of occupational therapists. In 2002, CAOT members reported their greatest practice problems were related to their work environment, including facing unrealistic workloads with a lack of staff, resources and professional recognition (von Zweck, 2003). Occupational therapists also face decreased job security, particularly when entering the profession (HRSDC, 2005).

During the 1990s, many new graduates moved to the U.S because of higher compensation and recruitment incentives, but migration later fell. However, it may again increase, as American occupational therapy demand is expected to rise due to population aging. Recent changes will allow only occupational therapists with Master's entry level degrees to write the U.S. certification exam (National Board of Certification in Occupational Therapy, 2005). Very few master's level entry education programs exist outside of the United States and Canada.

Distribution

The distribution of occupational therapists varies greatly among provinces, ranging from 36.8 occupational therapists per 100,000 population in Quebec to 20 per 100,000 in Saskatchewan (CIHI, 2004). In addition, most occupational therapists reside in more heavily populated areas resulting in a lower per capita distribution of occupational therapy services in rural areas (HRSDC, 2005).

Occupational therapists consider employment stability, jobs for partners, and family proximity when selecting where to live (Mitchell, 2003; British Columbia Health Human Resources Advisory Committee, 2002). Occupational therapists are attracted to positions offering variety, good working relationships, mentoring for newer graduates, education and realistic workloads (Jenkins, 1991).

Population health need, measured in terms of the rate of disability within each province, does not appear to explain variations in the distribution of occupational therapists in Canada. Disability rates for adults and children reported in the 2001 Participation and Activity Limitation Survey were lowest in Quebec, with highest rates in the provinces of Nova Scotia and Saskatchewan (Statistics Canada, 2002).

Human resource planning documents suggest using support workers to improve access to occupational therapy (Atkinson & Hull, 2001; New Brunswick Department of Health and Wellness, 2002; Newfoundland and Labrador Health Boards Association & Department of Health and Community Services, 2003). CAOT members in provinces with fewer occupational therapists reported higher support personnel use (CAOT, 2005).

The distribution of occupational therapists and populations served in Canada appear most influenced by funding availability. For example, few occupational therapists work in community set-

Last September several Canadian occupational therapists attended the European Network of Occupational Therapy in Higher Education Conference (ENOTHE) in Vienna, Austria. From left to right: Anne Carswell, ENOTHE Executive Director Hanneke van Bruggen, Claudia von Zweck and Elizabeth Townsend. CAOT Executive Director Claudia von Zweck attended to gain information regarding ENOTHE's tuning project which will develop standard learning outcomes for occupational therapy education in Europe. These standards may make it easier for occupational therapists emigrating from Europe to meet Canadian practice requirements.

tings in provinces such as Nova Scotia and Newfoundland that do not provide publicly funded home care services (CAOT, 2005). As a result of public funding limitations, occupational therapy services are reimbursed, more and more, by private sources of payment. Over 50% of CAOT members reported in 2004 that they receive private funding for their services. Although occupational therapy is usually not funded by extended health insurance plans, a number of payers provide reimbursement for occupational therapy services such as auto and disability insurers, worker's compensation and corporate businesses (CAOT, 2005). The broader payer base for occupational therapy reflects the move of the profession into new areas of practice such as disability management, universal design and assistive technology. Self-employment among CAOT members rose from 3% in the early 1990s to 27% in 2004 (CAOT, 2005). Almost one third of members in British Columbia and Ontario were reported to be self-employed. This shift occurred at a time when significant health system reforms were introduced that integrated provider organizations, created program management organizational models and increased privatization of health services, particularly in the rehabilitation sector. Many formerly hospital-based occupational therapy services were shifted to the community. As a result, the majority of members of CAOT now work in the community rather than traditional institutional health care settings (CAOT, 2005).

Demand

A review of labour market information and workforce studies indicates a strong demand for occupational therapists across Canada, with shortages across Canada, particularly in rural areas. Some urban areas such as Halifax and the Lower Mainland of British Columbia report full-time jobs are less available to occupational therapists entering the workforce. The aging population, advances in technology, greater emphasis on quality of life issues and better recognition of the value of rehabilitation are expected to drive demand for occupational therapy services in the future. Although limited growth is anticipated in the public sector, opportunities in private practice are expected to rise (HRSDC, 2005).



Summary

Existing shortages and the continued expected growth in demand for occupational therapists reinforce the importance of the work of CAOT on human resource planning for occupational therapy, including promoting the workforce integration of international graduates in occupational therapy. Internationally educated occupational therapists who come to work in Canada play an important and growing role in meeting service demands for occupational therapy in Canada. The next phase of the Workforce Integration Project involves interviews with international graduates as well as other stakeholder groups to examine factors that serve as barriers or facilitators for working in Canada as an occupational therapist. The final report on the findings will be available in fall of 2006. For more information, please contact Pamela Burnett Hicks, Workforce Integration Project coordinator at pburnett@caot.ca or (800) 434-2268, ext. 244.

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