Canadian Physiotherapy Association

January / February 2022
Vol. 12, No. 1

PHYSIOTHERAPY Practice

Physiotherapy in Canada

PLUS: Impacts of the COVID-19 Pandemic on Physiotherapy Employers Survey Findings

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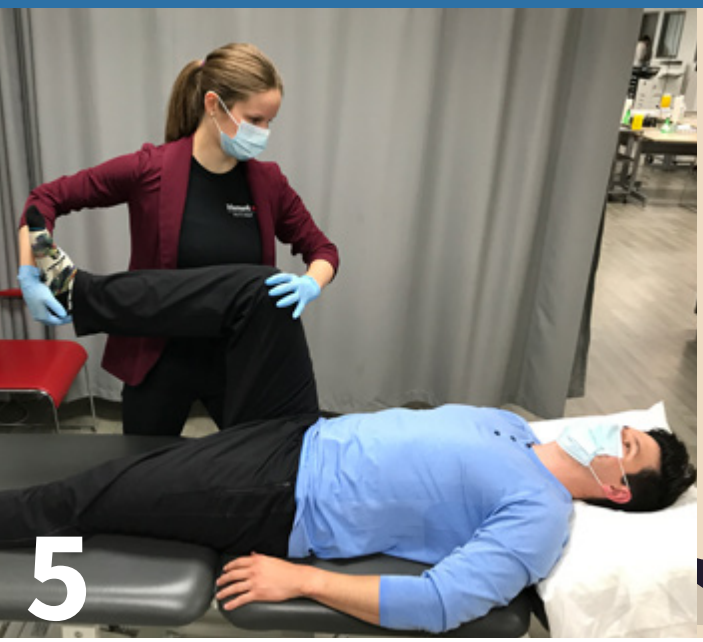
Canadian Physiotherapy Association
Association canadienne de physiothérapie



Impacts of the COVID-19 Pandemic on Physiotherapy Employers Across Canada: *Report on Survey Findings*

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Canadian Physiotherapy Association

Managing Editor
Brittany Adams

Art Direction
Shift 180

Contributors
Accessing Centre for Expertise
Allison Francis
Canadian Institute of Health Information (CIHI)
Dave Reddy
Jaimie Coleman
JC Grosso
Judy Boivin

Advertising Sales
advertising@physiotherapy.ca
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Publisher
Canadian Physiotherapy Association
editor@physiotherapy.ca

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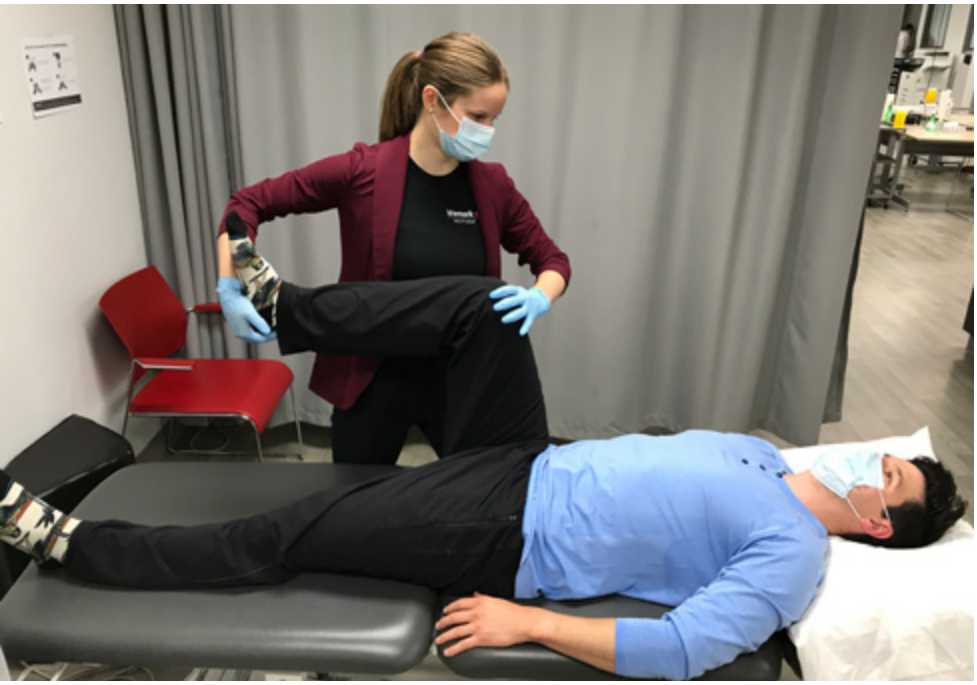
Physiotherapy in Canada:

A Profession in need of support

All healthcare professions have gone through periods where the supply of professionals able to work in Canada has been outstripped by patient demand. The supply and demand alignment in nursing has gone offside numerous times in recent years, particularly with intense periods of public sector hiring, and again with recent events. The shortage of licensed pharmacists was at a crisis level in 2010 after which there was a significant investment in increasing the number of graduates. Physiotherapy finds itself at a similar inflection point right now. This is the result of a perfect storm on top of a pre-existing problem.

Lifemark Health is one of the largest employers of physiotherapists in Canada and proudly provides community rehabilitation services in many communities across the country. We felt it was important to outline this issue around talent scarcity from the perspective of an employer, what we see as the root cause, and a call to action for the profession moving forward. We see this as a supportive call for the mandate of all health professionals in Canada: to serve the growing healthcare needs of all Canadians and their access rights to be served in a timely manner and in the communities in which they live.



Physiotherapy is necessary for optimal health outcomes and if denied or delayed the downstream disability can come at an enormous cost to the individual and to society at large.

How did we get here? A slow burn

We have 15 graduating schools, 5 of which are in Quebec, and we have not seen any appreciable increase in the number of graduating physiotherapists in this country in over a decade. The ageing demographic shift and population growth has created a much stronger demand for services. On top of that, the profession itself is very physically demanding and we see a steeper than average retirement/dropout rate of professionals as they age compared to other professions. The Canadian Institute for Health Information (CIHI) says that in 2020 there were 26,019 PTs licensed to practice in Canada. Of those, only 58% (15,000) worked in community settings, with internationally trained making up as much as 30% of this total (4,500) serving a Canadian population now approaching 40 million people.

Covid: Strike # 2

With the impact of the pandemic, including the restrictions around foreign immigration and work visas, we presume the number of active licensed clinicians has decreased since early 2020. The pandemic has exacerbated this existing and unsustainable divergence between the supply of physiotherapists and the growing demand across the country. We have experienced an increase in medical leaves due to burnout and mental health issues. In addition, with a predominantly female workforce, the burden of the pandemic on families has primarily landed on women and has led to many of them to exit the workforce. We have supported our people and have been flexible to accommodate these situations, but it has placed an enormous burden on the system and places additional stress on those that have remained.

We are only also beginning to see the downstream rehabilitation needs of the more than 1.5 million Canadians who have been infected with COVID-19. Researchers and clinicians alike are scrambling to understand and treat the associated disabilities or “long hauler symptoms” experienced in many individuals following their acute recovery.

This has all left community-based, private-sector clinics with a critical shortage. At Lifemark Health we have seen our active physiotherapy vacancies increase due to this issue since March 2020 when the pandemic began. Some provinces (i.e., Quebec) are showing hundreds of vacancies if you look at association boards and various other job boards. As a national employer with clinics across the country, this has resulted in a real challenge to provide reliable access to physiotherapy services in some communities in which we operate as the sole provider. This has also delayed the timeline of many necessary treatment sessions even with our attempts to mitigate delays by booking virtual sessions and other accommodations. As we know, in most cases physiotherapy is not an elective intervention. It is necessary for optimal health outcomes and, if denied or delayed, the downstream disability can come at an enormous cost to the individual and to society at large.

Let us work together to ensure that we can meet the growing demand of Canadians for quality physiotherapy care.

Licensing Issue: Strike # 3

This dire situation was made even worse by the ongoing issue that has interrupted the licensure of thousands of physiotherapy residents, both domestic and foreign-trained. Not only have physiotherapists been stressed by the increased demands during this difficult time, but they have also had to maintain the ongoing mentorship of their residents over a protracted period of time. The ongoing stress and strain on the 100+ physiotherapy residents that we have in our own organization is palpable. Many have shared their heart-wrenching personal stories about their inability to continue in this limbo state for much longer and the mental health impact of this very frustrating delay. We assume the 2,000+ residents across the country feel the same way. We have been talking with and supporting them the best we can, but this is not how we should be treating our newest professional members and expect them to be our leaders in the years to come.

Having physiotherapists working on supervised licenses for long periods of time has many negative effects. Many of our funders insist that only fully-licensed physiotherapists can provide care to their claimants, particularly with complex files leading to unequal distribution of workload. Physiotherapists requiring supervision are not well suited as lone physiotherapists particularly in Home Care and remote clinical settings, leaving many of these settings under served. Providing supervision puts additional strain on our already stressed and time-pressured licensed physiotherapists. Universities are having increasing difficulty getting licensed physiotherapists to provide clinical mentorship to their students, making program expansion more challenging.

The private sector has worked tirelessly to adapt and innovate for their patients with virtual platforms, rescheduling across locations, and rapidly adopting ever-changing covid protocols. In contrast, our national regulatory alliance (CAPR), and provincial regulatory colleges, have been slower to accommodate or collaborate during this global crisis, which demanded adaptation from everyone within our professional ecosystem. There is an urgent need to resolve the current backlog of those waiting to be registered and for a more rapid, cost-effective, reliable, and preferably national licensing process. We stand ready to cooperate with the solutions now being put forth to assist getting this next generation of physiotherapists fully licensed.

A Call to Action

For a profession like physiotherapy to maintain its relevance, it must have the basic ability to meet the healthcare needs of its patient base. If not, the needs go unmet and the perception of value for the specific service is eroded. This perception then becomes the reality when we negotiate with payors around the value of our professional services. If we are not careful, these changes can form the hallmarks of a profession being downgraded insidiously to more of a technical vocation over time.

This forms our call to action to the profession of physiotherapy. Let us work together to ensure that we can meet the growing demand of Canadians for quality physiotherapy care. Let us rethink our national regulatory framework around licensure, in collaboration with the provincial colleges and professional associations, to drive more adaptability and innovation while maintaining and even strengthening patient protections. Let us work with our provincial governments across the country to lobby them around issues such as investment in our academic graduating institutions and creating pathways to licensure for our internationally trained physiotherapists. Working together to strengthen the relevance of the profession of physiotherapy is a noble purpose and one that all stakeholders, independent of stripe, can invest in without any ethical dilemma.

Judy Boivin, PT, VP
Interdisciplinary Rehab Services,
Lifemark Health Group

Dave Reddy, SVP,
Human Resources, Lifemark
Health Group

Clinical Reflection:

Emerging Practice in the Management of Patients with Long COVID

During a recent clinical internship at a private practice clinic, I was tasked with creating a treatment plan for a client whose goal was to improve exercise capacity and reduce muscle and joint pain. The client, VM, was a 43-year-old male, father and stock clerk at a grocery store. His job involves frequent heavy lifting, prolonged standing and walking, and the use of manual forklifts. His past medical history revealed that he had experienced a mild COVID-19 infection 14 weeks earlier, which resolved itself within three weeks. However, he reported ongoing fatigue and chronic non-productive night cough. VM also reported that he was unable to ride his bike due to shortness of breath; had to take naps after walking his dog; had difficulty remembering items to pick up at the grocery store; had general joint pain; and, myofascial pain at the neck, shoulders, and upper to mid-back. Due to these complications, he had been off work since his COVID-19 infection. He was referred to physiotherapy by his family doctor for "deconditioning and return to work training" and stated his employee benefits would only cover three to four visits. His employer was requesting a status update and a timeline for his return to work. VM reported feeling anxious about returning to work and was also under financial pressure to provide for his family.

Similar scenarios are becoming more frequent in physiotherapy practices across Canada as individuals continue to recover from acute COVID-19 infections. Post COVID-19 Condition, otherwise known as Long COVID, can occur in patients with severe or mild cases of COVID-19. Patients can experience persistent symptoms more than four weeks after their initial infection, which affect many body systems[1]. In October 2021, The World Health Organization developed a clinical case definition of post covid condition stating "Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually three months from the onset of COVID-19 with symptoms that last for at least two months and cannot be explained by an alternative diagnosis." Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others that generally have an impact on everyday functioning. Symptoms may be new-onset, following initial recovery from an acute COVID-19 episode, or persist from the initial illness. Symptoms may also fluctuate or relapse over time. Other common symptoms may include fatigue or exhaustion, post-exertional malaise, brain fog, dyspnea, dysautonomia, headaches, tinnitus, muscle weakness, cough, and mood changes, including anxiety or depression[1]. Patients with Long COVID can present with a variety of signs and symptoms that are often episodic and unpredictable[1]. This presents an emerging challenge to fully understand Long COVID and how to appropriately manage symptoms. Not only is symptom management challenging, but diagnostics and access to care is an added layer of difficulty. Patients with Long COVID report being bounced around the healthcare system with no clear direction. Furthermore, they report that health care providers minimize the severity of their symptoms, reassuring them that they will improve or dismiss their symptoms as having a mental health condition[2]. They often report receiving no clear timelines on recovery and conflicting information on the condition[2]. Accessibility to care becomes a major barrier and patients with Long COVID are seeking care at physiotherapy clinics and other primary care touchpoints.

A Working Group is Formed

Several Canadian physiotherapists, treating patients with Long COVID, recognized the lack of current clinical knowledge, awareness, and synthesized guidelines for clinical practice. The release of World Physio's COVID-19 briefing paper: Safe rehabilitation approaches for people living with Long COVID: physical activity and exercise (English) (PDF)[3], inspired meetings of a physiotherapy group to embrace the approach, share resources, and disseminate information. After the initial meeting, there was recognition that an interdisciplinary approach was needed to address the complexity of Long COVID and a wide net was cast to include academics, policymakers, clinicians, and patients. The group consists of 30+ stakeholders from five provinces, in the professions of PT (including cardiac and pulmonary rehab), OT, SLP, Audiology, Kinesiology, Medicine, six academic institutions, and a clinician living with Long COVID.

Development of a Guidance Document

The main objective of the group was to share resources and promote knowledge translation and dissemination of emerging practice. The first priority of the group was to develop an easy-to-read document for screening patients for symptoms of Long COVID and identifying potential red flags. The group collaborated to create "Rehabilitation for Clients with Long COVID: Guidance for Canadian Rehabilitation and Exercise Professionals". In addition, Canadian clinicians with experience treating Long COVID patients contributed their expertise. The group also sought patient input regarding their lived-experiences with Long COVID including managing their symptoms and accessing care. The patient perspective added valuable content to the document and assisted the group to truly target the areas of high need.

The document is intended for regulated and unregulated exercise health professionals. Due to the nature of Long COVID, it is likely that a person will be interacting with professionals—regulated and unregulated—across the continuum of care. Given the complexity and variability of Long COVID, there is a need for all rehabilitation and exercise professionals to have access to current information and to facilitate collaborative and coordinated care. The document provides exercise professionals with information to appropriately inform clinical decision-making regarding safe rehabilitation and exercise interventions. The document indicates important considerations for screening to help identify Long COVID, along with specific tools and measures that clinicians can utilize in practice. A section on general management considerations is also included which helps provide a strong starting point for providing care for patients with Long COVID. Table 1 provides a section of the document that outlines the screening and management considerations.

Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually three months from the onset of COVID-19 with symptoms that last for at least two months and cannot be explained by an alternative diagnosis

Table 1: Screening and Management Considerations

What to screen:	How to screen and Action Necessary:
Post Exertional Symptom Exacerbation Worsening of symptoms 24-72 hours following exertion. Exertion refers to cognitive, physical, emotional, or social activity and is often minimal or at a threshold previously tolerated. Link here for World Physio Fatigue and PESE Infographic.	Monitor and teach clients to self-monitor for increased symptoms during and in the days following physical activity, exercise, or following emotional/cognitive/communicative exertion. Utilize Questionnaires.[4] Establish baseline symptoms pre-exercise. Ask clients about tolerance in the days after sessions before progressing. Use Pacing for treatment. Refer to a physiotherapist or occupational therapist.
Cardiac Impairment COVID-19 can cause early or delayed onset of myocarditis and pericarditis or cardiac impairments. It is important to be aware of these conditions and how they present during exercise.	Exercise testing and intervention should be closely supervised. Monitor and teach clients to self-monitor for symptoms suggestive of cardiac involvement: disproportionate breathlessness, tachycardia, palpitations, chest pressure or pain at rest or exercise. Medical clearance may be necessary. Utilize readiness questionnaires.[5] Stop exercise if client is in distress.
Oxygen Desaturation Dysfunction of the respiratory or pulmonary system can be present following COVID-19.	Exercise testing and intervention should be closely supervised. Monitor and teach clients to self-monitor for symptoms suggestive of respiratory distress: rate > 20 breaths/min, shortness of breath, accessory muscle use, chest pain, fatigue, dizziness, tachycardia, or syncope.[6] If available, monitoring using pulse oximetry may be helpful (noting limitations in accuracy and racial bias).[7] Medical clearance may be necessary. Stop exercise if client is in distress.
Dysautonomia Some clients present with the inability to regulate the autonomic nervous system. This presents as variable heart rate, blood pressure, digestive issues, and temperature dysregulation.[9]	Clients may self-report lightheadedness, fainting, unstable blood pressure, abnormal heart rate in response to activity.[8] Clinicians can assess orthostatic intolerance (in adults, sustained increase of HR more than 30 bpm with normal BP from lying to standing within 10 min) using the Canadian Guidelines.[9] Medical evaluation may be necessary. In clients with dysautonomia, recumbent, semi- recumbent or horizontal exercise therapy is recommended.[8, 9]
Functional Cognition & Cognitive Communication Some clients experience “brain fog” or difficulties with thinking, attention, and/or memory. These difficulties can cause cognitive-communication disorders, which may affect talking, understanding conversations, reading, written expression, and social interaction.[10, 11, 12]	Cognition and communication may be affected by many factors such as medical conditions, psychological status, fatigue, medication, and social/productive roles. Cognitive screens can identify need for neuropsychological, occupational therapy, or speech-language pathology[13] assessment.
Voice & Swallowing Some clients may experience hoarse voice or difficulty swallowing.[12]	Clients complaining of, presenting with, a hoarse voice or difficulty swallowing food or liquid need referral to a speech-language pathologist. Clients with voice problems also need referral to an Ear, Nose, Throat Specialist.

Hearing & Tinnitus Some clients may experience a change in hearing or tinnitus (perception of ringing or other types of noise in the ear) in one or both ears.[14]	Clients complaining of new onset of impaired hearing or tinnitus need referral to an audiologist.
Psychological, Social & Spiritual Considerations The onset of a new illness, loss of social roles, or lack of social connection are stressful events which can cause anxiety and/or low mood.	Clinicians making assessments should take a holistic, person-centred, and empathic approach. Assessment and treatment should encompass physical, cognitive, communication, psychological, and psychiatric symptoms, as well as functional abilities.[3] Ask questions about how Long COVID affects work, education, and physical or social wellbeing. Utilize Questionnaires. Offer resources from Wellness Together Canada, or the Canadian Psychological Association.

Caring for a Patient with Long COVID

As I reflect on my experience with VM during my clinical placement, my approach to providing rehab would have been completely different if I had the current knowledge about Long COVID. At the time, I chose to utilize a traditional graded exercise approach to work toward improving VM's tolerance. While researchers continue to study the effectiveness of rehabilitation for people with Long COVID, generally a cautious approach should be taken as a conventional exercise program may be harmful and worsen symptoms in post-viral illnesses.[15]

Initially, I would have inquired further about VM's symptoms such as post-exertional malaise, brain fog, and dysautonomia. I would have utilized the DePaul Symptom Questionnaire (DSQ)[16] to screen for post-exertional malaise. As part of my assessment and treatment sessions, I would have done more in-depth tracking of VM's response to daily activities including exercise. I would have asked how he felt in the days following the last session, and I would have tracked vitals such as heart rate, blood pressure, respiratory rate, oxygen saturation, and utilize keen observation skills for signs of respiratory or cardiac distress before, during, and after each session.

Since VM was in a situation where he would only be able to attend a few physiotherapy sessions, treatment would focus on education, self-monitoring, and self-management strategies including rest, pacing, and sleep hygiene. It would be important to offer online resources (Video: Taking control of your fatigue, Handout: Support for Rehabilitation: Self-Management after COVID-19 Related Illness or Symptom management fact sheets) that VM and his family could access at a later time. I would also clearly communicate to the family doctor and VM's employer the need for workplace accommodations and graduated hours to support successful return to work, as well as adequate rest and recovery between shifts.

Adapting to Long COVID and Emerging Evidence

The COVID-19 pandemic has changed physiotherapy practice across all settings. We need to consider additional questions that we should ask during subjective interviews: did you have a prior COVID-19 infection?; what symptoms did you experience?; and, how long did your symptoms last? We need to carefully monitor the patient's response to physiotherapy management and recognize that a graded exercise program can have negative consequences for patients with Long COVID.

We also need to be sensitive to the fact that the pandemic has affected more minority groups[17] which may influence access to health care services and cause stigma around infection status. The pandemic has also highlighted access to care issues that have been potentially further exacerbated by the pandemic, their workplace, and financial situations. In turn, we need to adapt our services to the patient's situation and focus on self-management strategies to assist patients to manage this long-term condition.

Research and evidence on Long COVID continue to emerge and evolve and busy clinicians need easily-consumable resources to build their knowledge and skill in treating patients with Long COVID. While there is some evidence for addressing Long COVID symptoms based on similar conditions, such as myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), post-intensive care syndrome (PICS), or mild traumatic brain injuries, research continues to evaluate various approaches. For example, there are initial suggestions on managing strength and conditioning, and returning to sport.[18-20]

Moving forward, the goal is to have a repository of concise and clear resources and guidelines for healthcare professionals to access and implement into their practice. New evidence is being introduced regularly, but ensuring that emerging information has an avenue to reach clinicians can assist greatly in assisting physiotherapists and exercise professionals with this challenging condition.

Authors Biographies:

JC Grosso (PT Resident, Bkin, MPK, MScPT) is a recent graduate from the University of Toronto's Physical Therapy Program. He also completed a Bachelor of Kinesiology and Master of Professional Kinesiology both from the University of Toronto. As part of an internship, he compiled and curated Long COVID resources for healthcare professionals to use in practice.

Allison Francis (PT, BHK, MPT, DPT) is an outpatient physiotherapy clinician at ReActive Physiotherapy in London, Ontario. She has been an ally and educator with Long COVID clients since April, 2020 and lead the formation of the Canadian Interdisciplinary Advisory Panel. Proud CPA member since 2005.

Jaimie Coleman (PT, BPHE, MScPT, MHM, CHE) is an Assistant Professor, Teaching Stream in the Department of Physical Therapy at the University of Toronto. Jaimie is a member of the Canadian InterdisclinaryInterdisciplinary Advisory Panel. She was involved in the curation and organization of the physiotherapy and occupational therapy sections of the Ontario covidcarelearning.ca professional development website,. CPA member since 2006.

Additional Resources on Long COVID

World Physiotherapy Information Hub
& Case Definition

Long COVID Physio

Rehab and Allied Health Considerations (Alberta Health Services)

Rehab Care Alliance

CANCOV

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A Look at Physiotherapists in Canada, 2020

***Did you know** that in 2020, Canada* had more than 26,000 licensed physiotherapists (PTs)? Over the past decade, the number of PTs has grown 39 per cent, which is almost four times the growth of the Canadian population (10 per cent).*

The health care workforce is essential to Canada's health care systems. PTs play an important role in helping Canadians prevent, treat, and recover from injury, illness, and disability. The Canadian Institute for Health Information (CIHI) gathers and reports data every year about the supply, distribution, and practice characteristics of many health care professionals, including PTs.

Supply information shows how many health care workers are registered to work in Canada, and workforce numbers indicate how many are working in profession-specific jobs. Together, this information supports policy-makers to ensure appropriate staffing and supply of health care workers across the country, and to respond to emerging health policy issues such as COVID-19. Figure 1 outlines the PT supply in Canada in 2020.

About CIHI and health workforce data
CIHI is an independent, not-for-profit organization that provides essential information on Canada's health systems and the health of Canadians. CIHI's health workforce data provides valuable information that decision-makers can use in the planning and distribution of health care providers across Canada. It also feeds into national and international reporting on Canada's health workforce.

About CIHI's PT data
Since 2007, CIHI has collected data on the supply, distribution and practice characteristics of PTs in Canada. **The following companion products are available on CIHI's website:**

- Physiotherapists in Canada, 2020 — Data Tables (XLSX)
- Health Workforce in Canada, 2020 — Quick Stats (XLSX)
- Physiotherapists in Canada, 2020 — Methodology Notes (PDF)
- Highlights of the impact of COVID-19 (digital report)

*Regulatory data is not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

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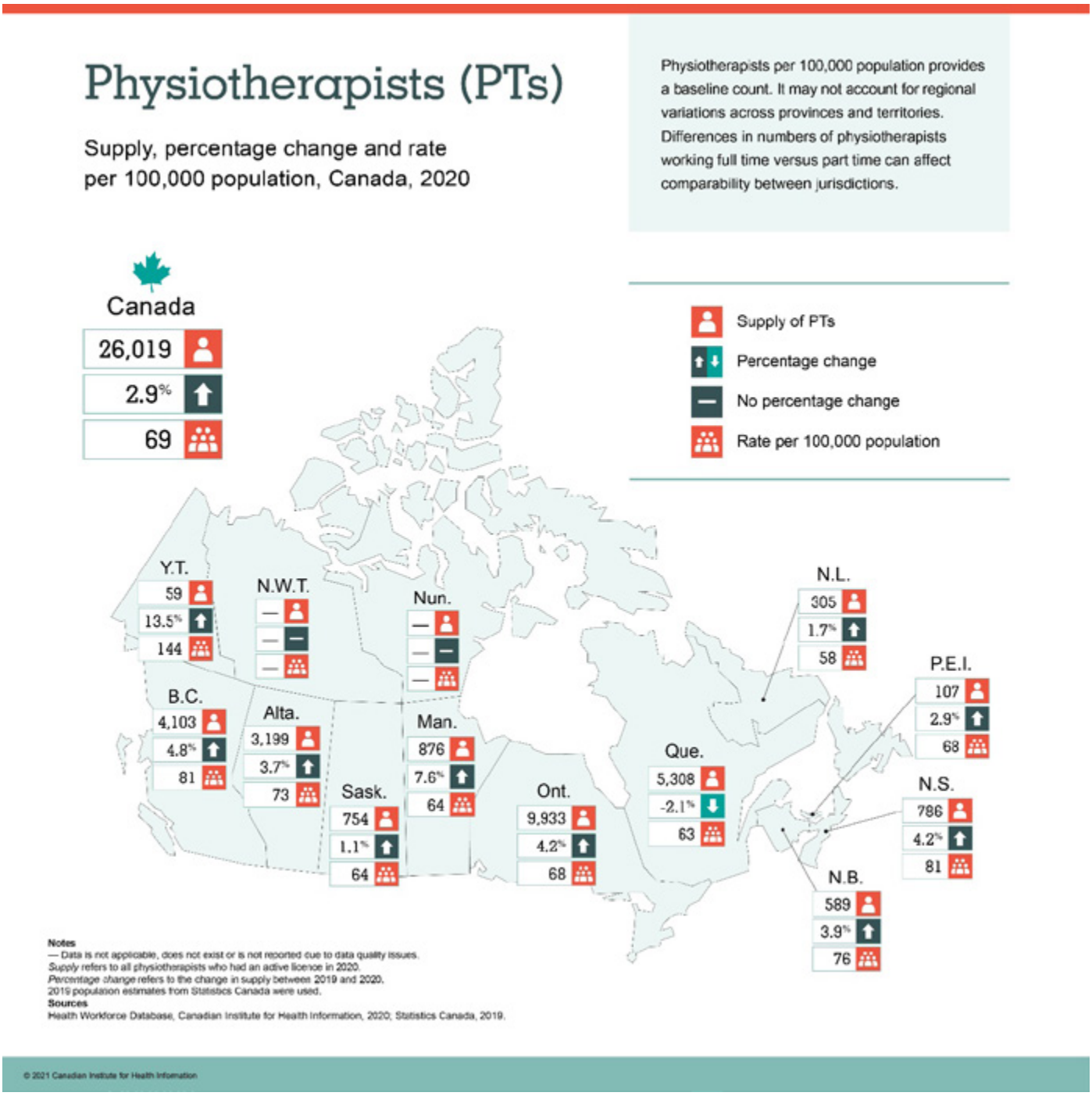
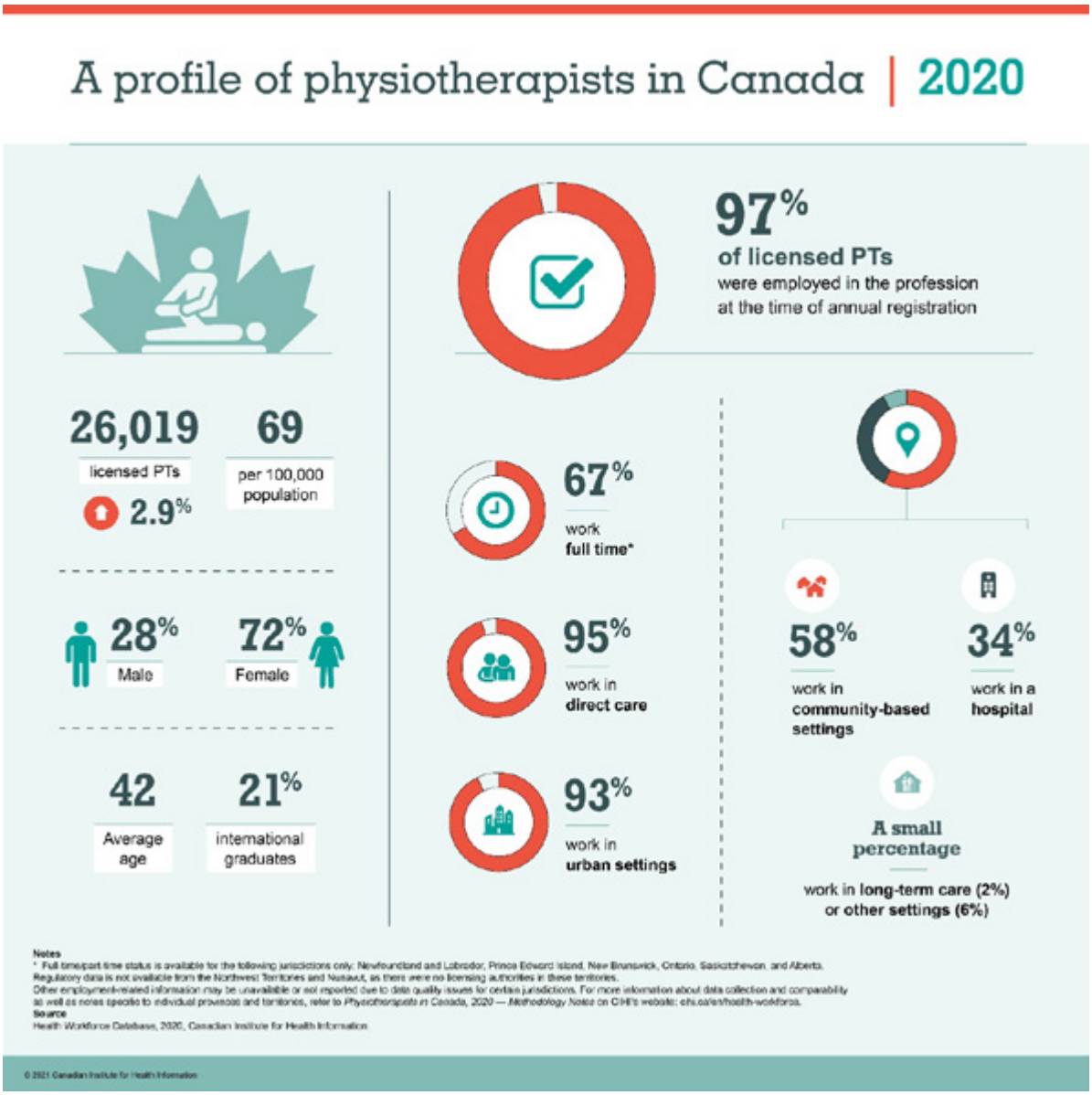


In 2020, there were 26,019 licensed PTs in Canada.** Over half (59 per cent of all PTs were licensed to practise in Quebec and Ontario, in line with the population (61 per cent of Canadians live in these two provinces). There was growth in the supply across Canada, with the highest percentage change seen in Manitoba, British Columbia, and Yukon. In Manitoba and B.C., this was due to an increase in the number of registrants entering the profession (*inflow*) and a decrease in those leaving (*outflow*). In Yukon, the high percentage change is potentially a reflection of the small supply number. It's important to note that in Quebec there are two types of physiotherapy professionals: PTs and physiotherapy technologists (Phys. T.). Physiotherapy technologists are not included in Quebec's PT data in Figure 1. However, based on information from the Ordre professionnel de la physiothérapie du Québec (OPPQ), there were 2,901 registered physiotherapy technologists at the end of 2020–2021.

Understanding PT demographics helps planners understand the composition of the workforce, how its distribution relates to geography, and the potential supply that can be tapped into to provide care for patients. Figure 2 outlines a variety of attributes such as education, geographic, and employment characteristics of PTs in Canada.

**Inactive registrants and secondary registrants are excluded from the supply.

Figure 2: A profile of PTs in Canada,* 2020



Demographic trends for PT supply

- In 2020, the PT supply was mostly made up of women; however, over the last 10 years, there has been a 24 per cent increase in the proportion of male PTs.
- In 2020, One in five (21 per cent) PTs in Canada were internationally educated. This number has doubled over the last decade, from 2,303 in 2011 to 5,356 in 2020.

25,315 PTs were employed in their profession in 2020. Based on the data available, 67 per cent worked full time, and 92 per cent were employed in hospitals and community-based settings. Over the past 10 years, there continued to be a shift in employment setting, from hospitals to community-based settings. Looking at primary employment, there was a 28 per cent increase in the proportion of PTs who worked in a community-based setting and a 16 per cent decrease in the proportion who worked in a hospital. Note that there is a pan-Canadian data gap regarding PTs who work for multiple employers or in the private sector. In addition, establishing a unique pan-Canada identifier would provide more insight on the movement of PTs across provinces and territories.

PTs were concentrated in urban areas (93 per cent) even more so than the general population (84 per cent)[1]. This leaves only seven per cent in rural and small-town areas to cover 16 per cent of the population. Issues related to recruiting PTs to non-urban centres have existed for a while now.2 In the past, a few jurisdictions attempted to address these issues by allocating additional seats to rural or remote schools.[2] However, the geographical distribution of PTs has remained unchanged across jurisdictions and in Canada overall (92 per cent urban, eight per cent rural) since 2011.

The data presented in this article was collected at the beginning of 2020. It's important to continue to monitor the supply and workforce of PTs to inform policy-making and effective health workforce planning as Canada's health systems recover from the pandemic.

The role of PTs during the pandemic

The COVID-19 pandemic has placed unprecedented demands on Canada's health care systems, from testing and vaccinating people to caring for COVID-19 patients, and maintaining levels of care in the community. The pandemic has highlighted the importance of each profession in the health workforce. Jurisdictions have expanded capacity by calling in different types of professionals to support efforts in COVID-19 testing and vaccinations. PTs are among those health care workers approved to perform COVID-19 testing and/or to administer COVID-19 vaccines. For example, PTs are authorized to perform COVID-19 testing and to give vaccines in Quebec, Ontario, Manitoba, and Saskatchewan, and they support COVID-19 testing in Alberta and B.C. PTs have been at the forefront of the pandemic, taking on wider roles and responsibilities in provision of care.

The demands on Canada's health systems will last long after COVID-19 eases as they deal with back-logged procedures. During this stage of recovery, health systems and Canadians at large will rely on an engaged and energized health workforce, including PTs. For more information on the impact and involvement of PTs in COVID-19 interventions, check out CIHI's COVID-19 Intervention Scan.

References

1. Statistics Canada. Estimates of population (2016 Census and administrative data), by age group and sex for July 1st, Canada, provinces, territories, health regions (2020 boundaries).
2. Sutherland, G. (2017). The Market Profile of Physiotherapists in Canada. The Conference Board of Canada. [PDF file]. Retrieved from doi: https://physiotherapy.ca/sites/default/files/8695_profile-of-physiotherapists-in-canada_br.pdf

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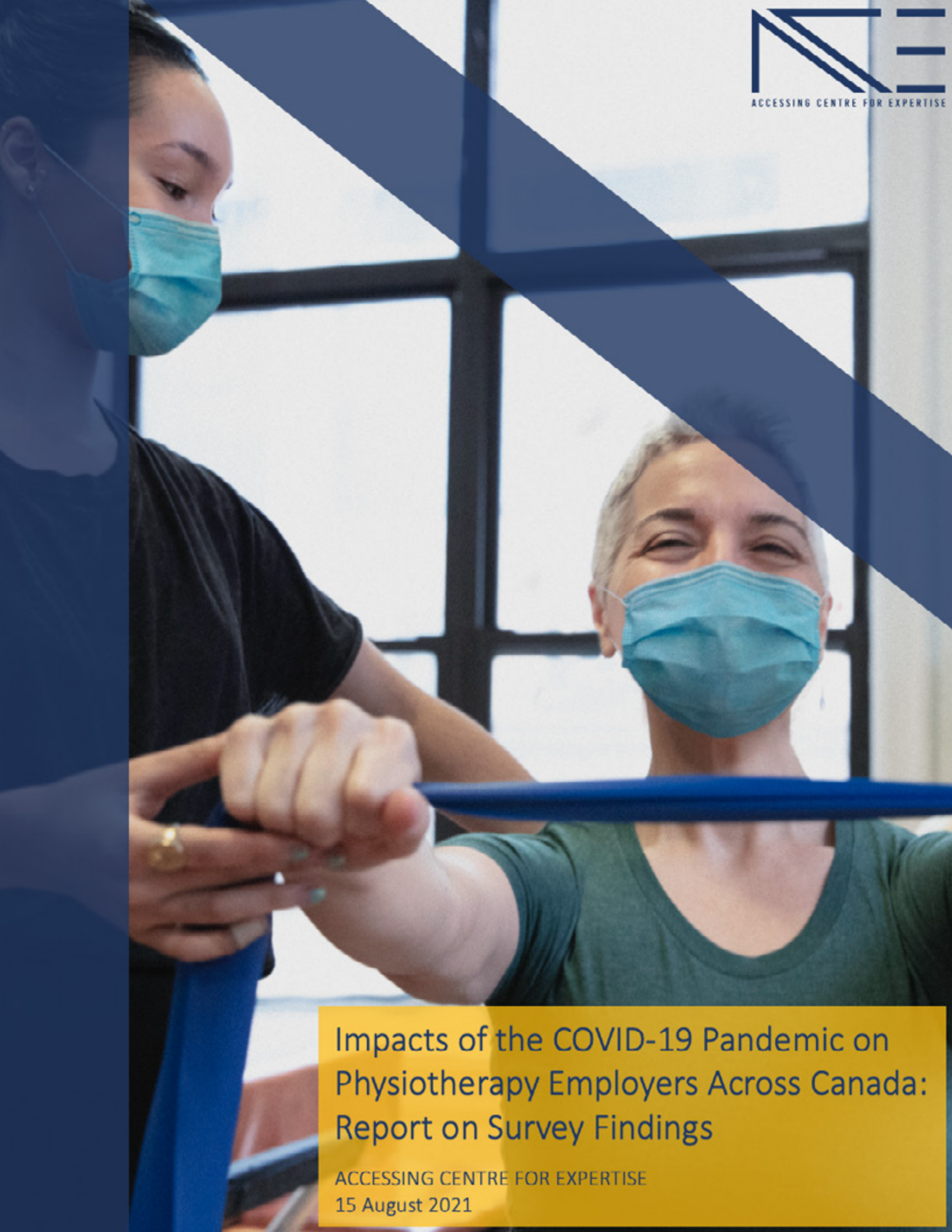

Impacts of the COVID-19 Pandemic on Physiotherapy Employers Across Canada: Report on Survey Findings

ACCESSING CENTRE FOR EXPERTISE

15 August 2021

About ACE

The mission of the Accessing Centre for Expertise (ACE) is to make it easier for a diverse range of health organizations and stakeholders to connect with academic researchers and graduate students representing multidisciplinary health services, systems and policy expertise. ACE is led by researchers who hold faculty appointments in Canadian universities including the Institute of Health Policy, Management and Evaluation in the Dalla Lana School of Public Health at the University of Toronto.

About this Report

ACE was commissioned by the Canadian Physiotherapy Association to prepare this report on the impacts of the COVID-19 pandemic on the physiotherapy profession in Canada. The views expressed in this report are those of ACE and its authors and do not necessarily reflect those of the Canadian Physiotherapy Association.

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Contact Information

Accessing Centre for Expertise (ACE)
Tel: +1 416 578 3214
Email: info@ACExpertise.ca
Web: https://ACExpertise.ca
Twitter: @ACExpertise_ca

Impacts of the COVID-19 Pandemic on Physiotherapy Employers Across Canada: Report on Survey Findings

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Impacts of the COVID-19 Pandemic on Physiotherapy Employers Across Canada: Report on Survey Findings

Executive Summary

The Canadian Physiotherapy Association (CPA) commissioned the Accessing Centre for Expertise (ACE) to conduct (1) a rapid review of research evidence and targeted scan of relevant organizations to map the various impacts of COVID-19 on physiotherapy and (2) a survey of physiotherapy employers across Canada to assess the impacts of the pandemic on physiotherapists. This report focuses on the survey findings (the rapid review and targeted scan findings are reported separately).

- 2265 physiotherapists across Canada who self-identify as clinic owners who are employers in private practice were invited to respond to the survey. There were 193 respondents of which 165 provided complete (or mostly complete) responses, resulting in a response rate of 8.5% (effective response rate was 7.3%). The low response rate was anticipated given the short time the survey was open over the summer vacation period, and the CPA's past experience surveying this population, however, it must be considered when interpreting the survey results.
- The total number of FTE physiotherapist positions (both filled and vacant) for all survey respondents was 695.5, and by site ranged from a minimum of 0.25 FTE to 20.0 FTEs (mean = 4.24 FTEs; median = 3.5 FTEs).
- When looking at vacant FTE physiotherapist positions, the total number for all survey respondents was 147.75. Over 44% of the sites did not currently have any vacant positions, while the average vacant FTE positions across all sites responding was 0.5 FTEs with 7.0 vacant FTEs the highest at any one site.
- The vast majority of respondents indicated that they did not redeploy any physiotherapists during the pandemic. In total for all respondents, 30 physiotherapist FTEs were redeployed to other physiotherapist roles and 6.0 FTEs were redeployed to non-physiotherapist roles.
- The average FTEs filled by a physiotherapist with a provisional license was 0.74, with over 60% of respondents indicating they have no FTEs under provisional license, while the highest number of FTEs was 7.0 for one site.
- When asked if the time period that their sites had a physiotherapist practicing with a provision license had changed compared to before the pandemic, almost 50% indicated no change, less than 5% indicated that the duration of time has decreased and over 47% indicated the duration of time had increased.
- When asked if it takes more or less time to fill physiotherapist positions compared to before the COVID pandemic, almost two-thirds indicated it takes longer (50% much more time, 16% somewhat more time), while 31% indicated no change and only 3% indicated it takes less time. Of the 90 sites that indicated it takes longer to fill vacant physiotherapist positions than pre-pandemic, almost 40% indicated it takes over six months longer than before the pandemic to fill physiotherapist positions.
- Only 5% of respondents indicated that there are currently more applicants for physiotherapist positions than pre-pandemic, while more than 60% indicated there were fewer candidates now compared with the pre-pandemic period. This pattern was repeated for the experience level of applicants (almost half (48%) indicated applicants were less experienced and 5% indicated

applicants were more experienced) and the proportion that hold full professional licensure status (46% indicated fewer applicants are fully licensed and less than 3% indicated more applicants were fully licensed).

- The top reasons/factors why physiotherapists are leaving the profession relate predominantly to childcare and family care responsibilities, followed by professional burnout and personal health or illness. Re-location to another jurisdiction was listed as another common factor with financial considerations, location factors (e.g., to reduce commute) and education opportunities the least commonly identified factors. Only a few additional factors were identified by respondents, including COVID fearmongering, insufficient patient load and CAPR failures.
- When asked to identify the top reasons/factors why physiotherapists have left their site, a somewhat different set of factors was presented to survey respondents. The top factor was re-location (e.g., move to another jurisdiction), followed by salary/pay, hours/scheduling, and location change (e.g., to reduce commute). A middle group of factors including sector change (e.g., from hospital to private clinic) and case mix (e.g., seeking greater specialization). Less commonly noted factors included benefits, caseload and relationships with management or colleagues. Mentorship was not noted as a factor by any respondent. Additional factors for why physiotherapists left their sited suggested by respondents included physiotherapists starting their own clinics, consolidating hours at one clinical rather than two, and maternity leaves.
- Respondents were then asked to assess a similar set of criteria that they viewed as important to applicants who applied for physiotherapist positions at their sites. While the criteria were similar, respondents identified a different set of top criteria, including stronger mentorship opportunities, better salary/pay and better case load as most important to applicants. A secondary group of criteria included applicants who are seeking a better organizational culture and more flexible hours/scheduling. The least identified criteria included applicants seeking better relationships with management, more desirable case mix and better benefits. Two other criteria were suggested by respondents, including applicants who seek a safe practice environment and applicants seeking the opportunity to be part of a multidisciplinary approach to treatment.
- The survey ended with a series of open-ended questions seeking feedback from respondents on the current and future impacts of the COVID-19 pandemic on recruitment and retention of physiotherapists and on the physiotherapy profession more generally. The respondents produced a plethora of responses to these questions that reflected a range of concerns and challenges, including patient care, patient demand/volumes, financial, human resources, physiotherapist health/wellness, regulatory, and government/public health leadership, along with some specific requests of the CPA.

The survey findings cover a number of areas of physiotherapy practice from factors contributing to physiotherapist vacancies, redeployments, provisional licensure status and recruitment challenges to a range of professional challenges affected by the pandemic, including patient care, patient demand/volumes, financial and human resource impacts, physiotherapist health/wellness, regulatory issues, and government/public health leadership. While the pandemic has had both positive and negative impacts on the physiotherapy profession, on aggregate, survey respondents were clear that the pandemic has presented the profession with significant challenges. Once apt comment succinctly sums up the experience of physiotherapy employers during the pandemic: “It sucked!”

Impacts of the COVID-19 Pandemic on Physiotherapy Employers Across Canada: Report on Survey Findings

1. Introduction

The Accessing Centre for Expertise (ACE) is pleased to submit this report to the Canadian Physiotherapy Association (CPA) on the assessment of a range of impacts of the COVID-19 pandemic on the physiotherapy profession in Canada. CPA commissioned ACE to conduct (1) a rapid review of research evidence and targeted scan of relevant organizations to map the various impacts of COVID-19 on physiotherapy and (2) a survey of physiotherapy employers across Canada to assess the impacts of the pandemic on physiotherapists. This report focuses on the survey findings. The rapid review and targeted scan findings are reported separately.

2. Approach

This project is built on the ACE approach to providing evidence-informed policy guidance. We assess three types of evidence, including **research evidence** (including scientifically produced research that is typically published in peer-reviewed academic journals, original research such as surveys or analyses of existing quantitative data sets, and systematic reviews or other types of knowledge syntheses of published research), **contextual evidence** (including available practice, demographic, geographic and economic data as well as reports and other grey literature produced by a wide range of organizations with particular jurisdictional, practice or policy relevance) and **experiential evidence** (including knowledge and experience from key stakeholders and a range of local and global experts). This broad approach to assessing evidence is well suited to address CPA's aims as outlined above.

In consultation with the CPA, we chose to conduct a survey of physiotherapy employers rather than individual physiotherapists or physiotherapist candidates. This allowed us to proceed expeditiously to meet the tight timelines required by the CPA. Therefore, this survey aims to capture the perception of physiotherapy employers on (1) the numbers of PT candidates who have decided to depart the profession, and why, and (2) the numbers of practicing PTs who have departed the profession, and why. Our survey development process included item generation, cognitive interviews with three physiotherapy stakeholders, and refinement of the web-based survey instrument. The sampling approach relied on CPA's confidential database of physiotherapists across Canada who self-identify as clinic owners who are employers in private practice. These physiotherapy employers primarily represented private physiotherapy practices (from single site employers to multi-site and multi-province/territory employers) as well as a small number of physiotherapy employers in hospital settings/public practice. As this was a confidential database, CPA took responsibility for sending the survey invitation (with web link to the online survey) by email to 2265 physiotherapists across Canada. This approach maintained confidentiality of the invitees but did not allow us to monitor that status of responses or accurately determine response rates. The survey was available in English and accessible for one week, from 02 August 2021 to 09 August 2021. **Appendix A** includes a copy of the survey instrument.

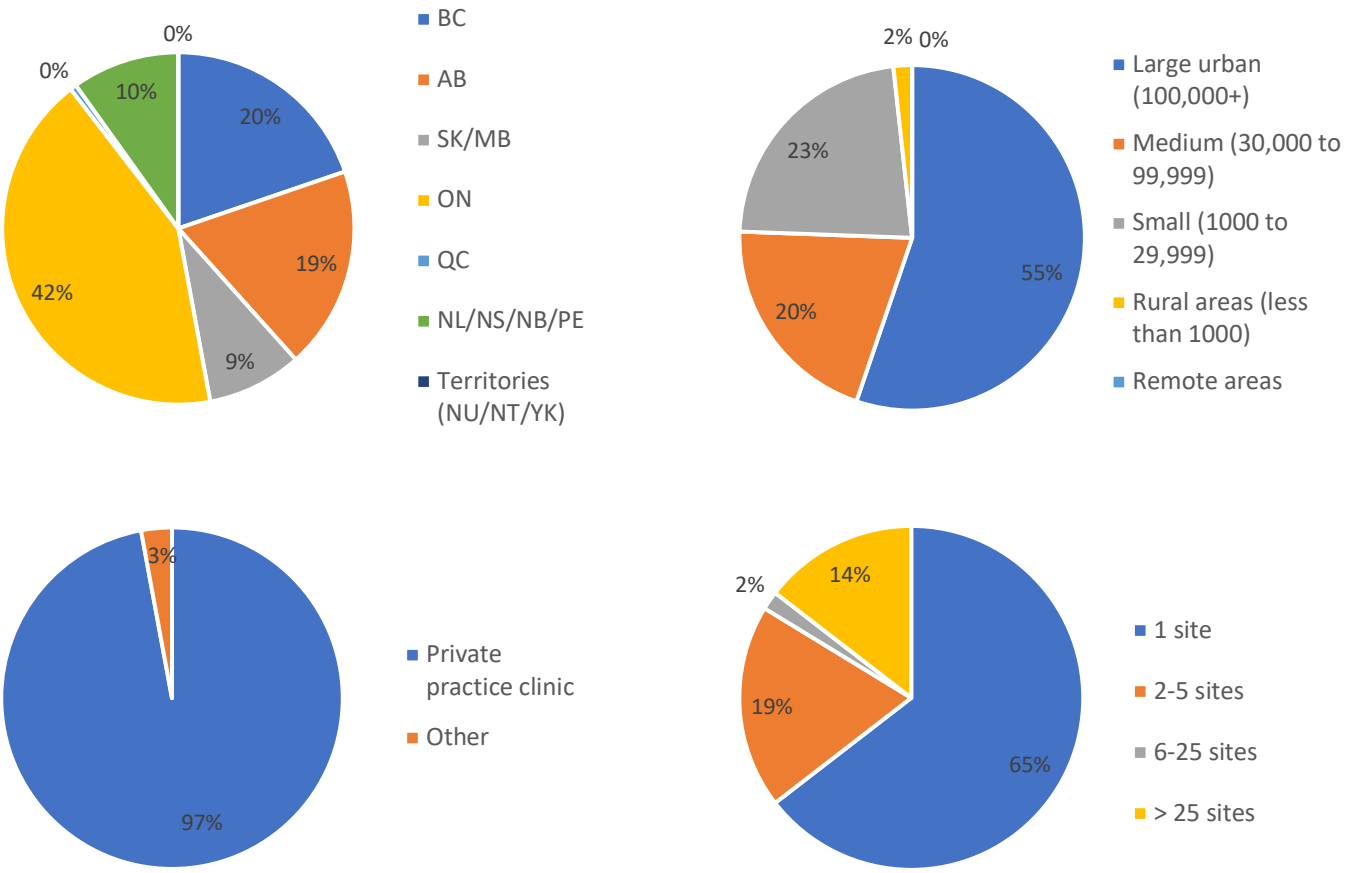
3. Findings

We present findings from the survey in five sections. The first section presents information on the physiotherapy employers who responded to the survey, including their region, population centre size, practice setting/sector and their PT organization's number of sites. Then we present data from the survey for three main categories, including (1) the impact of the pandemic on physiotherapist FTE positions/roles, (2) the impact of the pandemic on physiotherapist vacancies and applicant characteristics, and (3) key factors causing physiotherapists to leave physiotherapy sites/profession vs. seek physiotherapist positions during the pandemic. Finally, we explore qualitative feedback provided by respondents on a range of current and anticipated impacts of the pandemic on their site's operations.

3.1 Survey Respondents

There were 193 respondents of which 165 provided complete (or mostly complete) responses. **Figure 1** presents characteristics of the survey respondents. Considering the distribution of responses by region of Canada, Ontario based employers represented the largest group of respondents, followed by British Columbia and Alberta. For analysis purposes, we grouped Saskatchewan and Manitoba together and grouped the Atlantic provinces (Newfoundland and Labrador, Nova Scotia, New Brunswick, and Prince Edward Island) together. There was only one response from Quebec (given time constraints, the survey was not available in French), and no responses were received from any of the territories.

Figure 1: Survey Respondents Characteristics

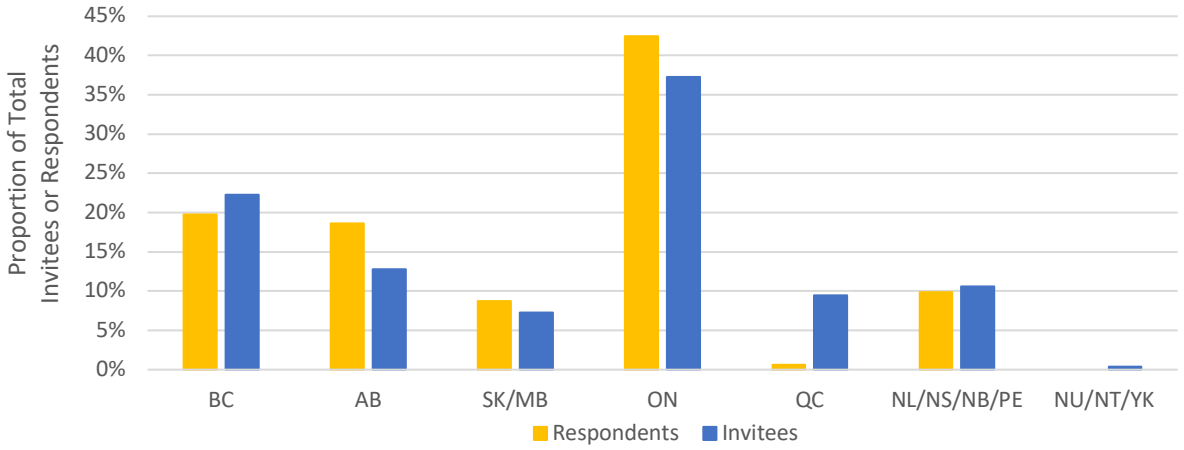


Based on Statistics Canada's framework for assessing urban, rural and remote settings, the majority of respondents (55%) indicated that they were based in a large urban population centre (100,000 or more), with medium population centres (30,000 to 99,999) and small population centres (1,000 to 29,999) well represented (20% and 23% respectively). There were only three respondents from rural or remote areas. Over 97% of respondents identified a private practice clinic as their practice setting/sector, while the majority of respondents (65%) represented one-site organizations.

The representativeness of the survey results can be informed by the response rate and how respondents compare to non-responders or invitees. With 193 responses and 165 complete (or mostly complete) responses, the response rate was 8.5% (effective response rate of 7.3%) of the 2265 physiotherapy employers invited to participate in the survey. The low response rate was anticipated given the short time the survey was open over the summer vacation period, and the CPA's past experience surveying this population, however, it must be considered when interpreting the findings. This response rate likely underestimates the true response rate as no data were available on the number of email invitations that were rejected (i.e., bounce-backs) or resulted in automated replies (e.g., out-of-office notifications) and it is unknown what proportion of invitees may have been captured in spam filters. It is also unknown how many additional people received the invitation (e.g., through email forwarding), although this is expected to be minimal.

Subject to these qualifiers, the only direct assessment we can make is to compare respondents and invitees is by regional breakdown. **Figure 2** presents the proportion of survey respondents and invitees by region. This shows that Alberta (AB) and Ontario (ON) represented a considerably higher proportion of responses than expected, while Quebec (QC) was far more under-represented in the responses than expected. Saskatchewan and Manitoba (SK/MB) produced a somewhat higher proportion of responses than was expected, while British Columbia (BC), the Atlantic provinces (NL/NS/NB/PE) and the territories (NU/NT/YK) produced a somewhat lower proportion of responses than expected.

Figure 2: Comparison of the Proportion of Survey Respondents and Survey Invitees by Region



Overall, given the information available, it is not possible to make a clear assessment of the representativeness of the respondents to the broader population of physiotherapy employers in Canada. Thus, the survey results should be interpreted with caution and considered as one of many information sources to inform the work of the CPA.

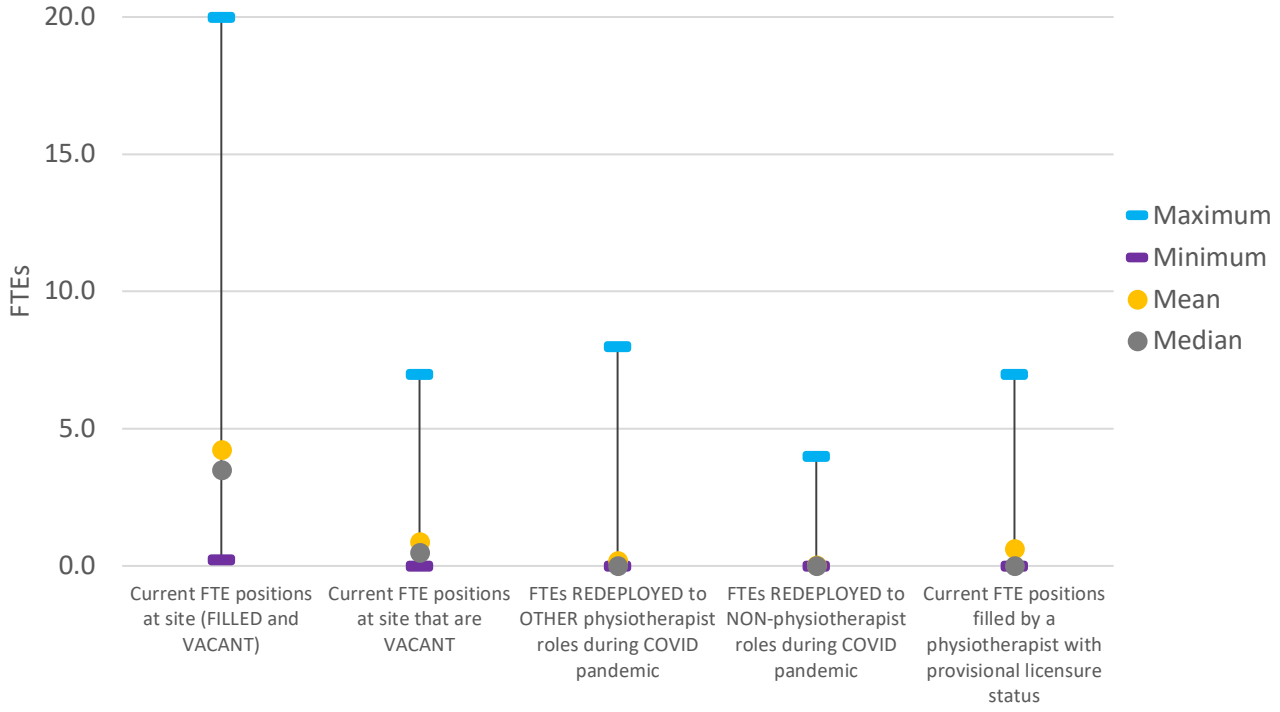
3.2 Impact of the Pandemic on Physiotherapist FTE Positions/Roles

A main area of focus for the survey was to assess the impact of the pandemic on physiotherapist positions/roles. We focused on the number of full-time equivalents (FTEs) rather than the number of full-time or part-time positions (i.e., people) based on feedback during our survey pre-testing and discussions with the CPA. This was intended to capture and consolidate full-time, part-time and casual positions per physiotherapy site (e.g., two full-time physiotherapists (2 x 1.0 FTE), three half-time physiotherapists (3 x 0.5 FTE) and one physiotherapist who worked a day a week (1 x 0.2 FTE) would equal 3.7 FTEs). The survey asked physiotherapy employers to provide information on how many FTE positions were at their site, how many FTE positions were redeployed to other roles, and how many FTE positions were filled by physiotherapists with provisional licensure status (**Table 1** and **Figure 3** summarize the results).

Table 1: FTE Physiotherapists by Position, Redeployment Role and Provisional Licensure Status

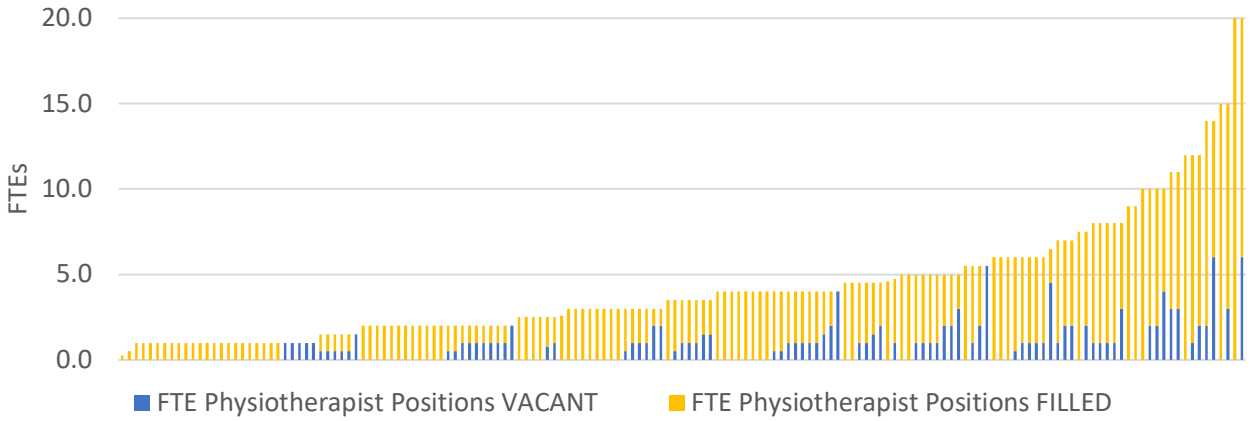
	Total FTEs	Mean FTEs	Median FTEs	Min FTEs	Max FTEs
HOW MANY FTE physiotherapist positions (FILLED and VACANT) do you currently have at your site?	695.50	4.24	3.50	0.25	20.00
HOW MANY FTE physiotherapist positions at your site are currently VACANT?	147.75	0.90	0.50	0.00	7.00
Since the start of the COVID-19 pandemic (i.e., ~March 2020), HOW MANY FTE physiotherapist positions at your site currently have been REDEPLOYED to work in OTHER physiotherapist roles (e.g., different clinical departments/programs, COVID-related clinical duties)?	30.00	0.19	0.00	0.00	8.00
Since the start of the COVID-19 pandemic (i.e., ~March 2020), HOW MANY FTE physiotherapist positions at your site have been REDEPLOYED to work in NON-physiotherapist roles (e.g., administrative, COVID vaccine rollout)?	6.00	0.04	0.00	0.00	4.00
HOW MANY FTE physiotherapist positions at your site are currently filled by a physiotherapist with PROVISIONAL LICENSURE STATUS?	104.45	0.74	0.00	0.00	7..0

Figure 3: FTE Physiotherapists by Position, Redeployment Role, and Provisional Licensure Status



The total number of FTE physiotherapist positions (both filled and vacant) for all survey respondents was 695.5, and by site ranged from a minimum of 0.25 FTE to 20.0 FTEs (mean = 4.24 FTEs; median = 3.5 FTEs). When looking at vacant FTE physiotherapist positions, the total number for all survey respondents was 147.75. Over 44% of the sites did not currently have any vacant positions, while the average vacant FTE positions across all sites responding was 0.5 FTEs with 7.0 vacant FTEs the highest at any one site. **Figure 4** presents the distribution of both vacant and filled FTE positions across all respondent sites.

Figure 4: FTE Physiotherapist Positions (Filled and Vacant) by Site



We asked respondents to indicate whether they had added or reduced physiotherapist FTE positions since the start of the COVID-19 pandemic. Almost half of respondents (49%) indicated that their FTEs had not changed since the pandemic started. However, over 20% of respondents indicated that they had added physiotherapist FTEs during the pandemic (mean FTEs = 1.26; median FTEs = 1.0; range 0.2 to 4.0 FTEs), while almost 31% of respondents indicated they had reduced physiotherapist FTEs (mean FTEs = 1.39; median FTEs = 1.0; range 0.25 to 4.0 FTEs). **Table 2** provides a summary of some of the reasons why physiotherapist FTEs were added or reduced. Many of the reasons given represented flipsides of the same factor (e.g., staff turnover whereby maternity leaves/retirements were cited as reasons for adding staff by some sites and as reasons for reducing FTEs (e.g., not replacing staff) at other sites).

Table 2: Qualitative Feedback on Reasons for Adding or Reducing Physiotherapist FTEs

Categories	Reasons Given for ADDING Physiotherapist FTEs	Reasons Given for REDUCING Physiotherapist FTEs
Demand	Increased demand • Increased patient volumes/caseload • Opening of new clinic, closure of nearby clinics, clinic expansion	Reduced demand • Lower caseload • Clients losing jobs and associated insurance coverage • Compliance with COVID protocols reduces patient flow rate and clinic capacity limits the number of physiotherapists required
Staff turnover	• Replace staff leaving due to retirements, maternity leaves	• Decision not to replace staff leaving for various reasons (retirements, maternity leaves, health issues, childcare/family care issues, professional misconduct, re-location

Other factors	• More staff required to address inefficiencies due to COVID-19 protocols (e.g., less patients seen per hour)	• Redeployment of physiotherapists to other roles • Business/financial challenges limits staff hiring • Fewer applicants (inability to complete clinical component of professional competency exam, competitive environment, decreased opportunities for organic hiring/student placements)

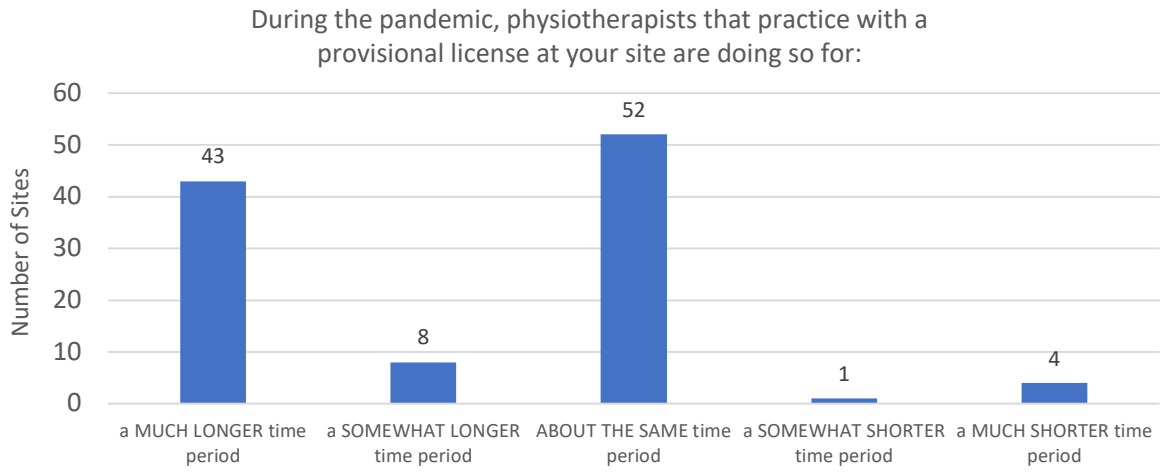
The survey also probed respondents' regarding physiotherapist FTEs that were redeployed to other physiotherapist roles (e.g., different clinical departments/programs, COVID-related clinical duties) or non-physiotherapist roles (e.g., administrative; COVID vaccine rollout) since the start of the pandemic. The vast majority of respondents indicated that they did not redeploy any physiotherapists during the pandemic. Over 88% of respondents did not redeploy their physiotherapists to other physiotherapist roles, while over 92% of respondents did not redeploy their physiotherapists to non-physiotherapist roles. In total for all respondents, 30 physiotherapist FTEs were redeployed to other physiotherapist roles and 6.0 FTEs were redeployed to non-physiotherapist roles. For those few sites that did redeploy physiotherapists, the reasons provided for the redeployments our documented in **Table 3**.

Table 3: Qualitative Feedback on Redeployment of Physiotherapists

Redeployment to Other Physiotherapist Roles	Redeployment to Non-Physiotherapist Roles
Contract tracing	Management
Ergonomic assessments	Administrative (ordering supplies)
Home visits	Marketing
Virtual care (extension of treatment options)	Communication (notifying staff of COVID rules)
Hybrid offerings	
Clinical management to clinical role	
Contract work at local hospital	
Working at two clinics; multiple sites	
Post-covid recovery	
Responding to patients' COVID-19 questions	

We also surveyed respondents regarding how many physiotherapist positions are currently being filled by physiotherapists with provisional licensure status and how long those provisional licensed physiotherapists have been in those positions. The average FTEs filled by a physiotherapist with a provisional license was 0.74, with over 60% of respondents indicating they have no FTEs under provisional license, while the highest number of FTEs was 7.0 for one site. When asked if the time period that their sites had a physiotherapist practicing with a provision license had changed compared to before the pandemic, almost 50% indicated no change, less than 5% indicated that the duration of time has decreased and over 47% indicated the duration of time had increased (**Figure 5**). While most sites did not have a physiotherapist practicing with a provisional license, some that did provided additional comments including resounding (and often highly critical) blame on national and provincial regulatory bodies (i.e., the Canadian Alliance of Physiotherapy Regulators (CAPR)) for not being able to offer the clinical component of the professional competency examination during the pandemic.

Figure 5: Time Period that Physiotherapists are Practicing with a Provisional License

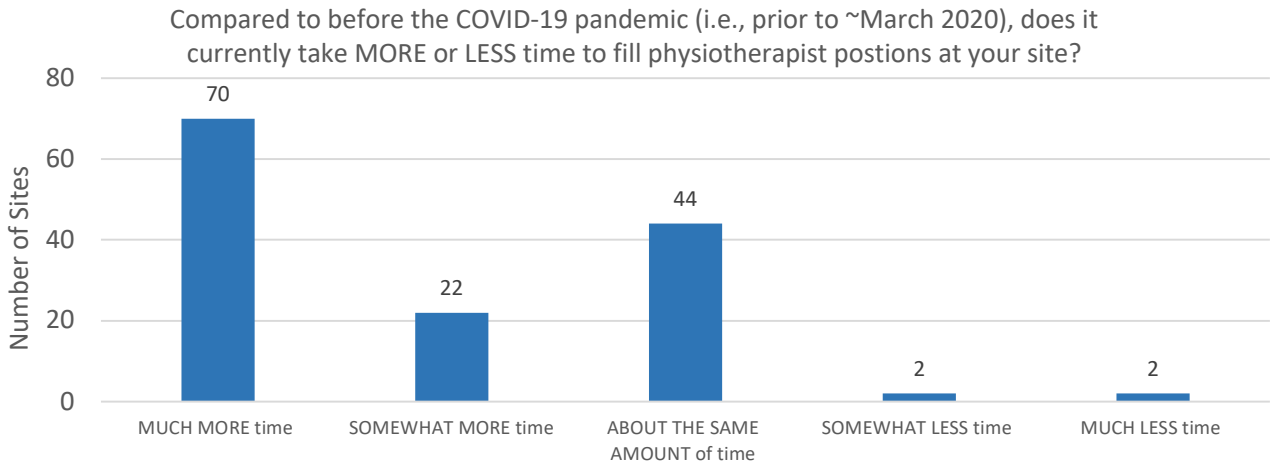


3.3 Impact of the Pandemic on Physiotherapist Vacancies and Applicant Characteristics

The survey asked respondents to categorize issues related to filling physiotherapist vacancies and characteristics of applicants for physiotherapist positions.

When asked if it takes more or less time to fill physiotherapist positions compared to before the COVID pandemic, almost two-thirds indicated it takes longer (50% much more time, 16% somewhat more time), while 31% indicated no change and only 3% indicated it takes less time (**Figure 6**). Of the 90 sites that indicated it takes longer to fill vacant physiotherapist positions than pre-pandemic, almost 40% indicated it takes over six months longer than before the pandemic to fill physiotherapist positions. Only four sites indicated it was quicker to fill vacant positions, with three of the four indicating this was less than three months quicker than pre-pandemic.

Figure 6: Time to Fill Physiotherapist Positions



positions, their level of expertise and the proportion who hold full professional licensure status. Only 5% of respondents indicated that there are currently more applicants for physiotherapist positions than pre-pandemic, while more than 60% indicated there were fewer candidates now compared with the pre-pandemic period (**Figure 7**). This pattern was repeated for the experience level of applicants (almost half (48%) indicated applicants were less experienced and 5% indicated applicants were more experienced; **Figure 8**) and the proportion that hold full professional licensure status (46% indicated fewer applicants are fully licensed and less than 3% indicated more applicants were fully licensed; **Figure 9**).

For all four survey questions that addressed issues related to filling physiotherapist vacancies or characteristics of applicants for physiotherapist positions, qualitative feedback was similar and overlapping (**Table 4**). This included numerous comments and criticisms related to CAPR not offering the clinical component of the professional competency examination during the pandemic, which has not allowed new physiotherapy graduates or international applicants to obtain full professional licensure. Other respondents noted that candidates are becoming more demanding for salary, guaranteed hours and suitable mentorship that may not be sustainable. Other comments noted that hiring practices have needed to change during the pandemic given COVID protocols affecting normal interviewing methods and the need to advertise new positions whereas in the past more informal, word-of-mouth approaches were successfully relied upon. There were also a few comments indicating that the pandemic has not had uniform effects, with early phase of pandemic (summer 2020) yielding more than usual candidates followed by a longer second phase of the pandemic (since fall 2020) where the number and qualifications of applicants has dropped considerably.

Table 4: Qualitative Feedback on Physiotherapist Vacancies and Applicant Characteristics

Category	Description
Fewer (qualified) candidates	• Fewer candidates and less experienced candidates • Applicants are dominated by international/foreign trained or new Canadian-trained graduates; both groups are unable to complete their respective professional licensing requirements due to CAPR's delays in offering the professional competency exam during the pandemic • COVID has reduced mobility which limits physiotherapists moving for jobs or moving from more secure jobs (e.g., public sector hospitals) to less secure jobs (e.g., private practice) • Challenging to find qualified replacements (too many positions available, too much competition for candidates)
Hiring process changes	• Hiring process more challenging (COVID protocols limit time to conduct interviews; lack of viable interview space at clinic) • In the past, many physiotherapist employers did not advertise new physiotherapist positions, relying on word of mouth, organic hiring practices through training residents, offering placements, etc., but these options are not as effective during pandemic resulting in additional hiring costs (e.g., more advertisements needed) • Changes/additions to job marketing strategy ineffective
Candidate Demands	• Want higher salary, guaranteed hours • Seek suitable mentorship
Non-uniform impact of pandemic	• Initial phase of pandemic (i.e., summer 2020) there were more experienced applicants for physiotherapist positions; second phase of pandemic (i.e., fall 2020) there were much fewer applicants • Not all sites experienced similar challenges, with some indicating minimal or no change from pre-pandemic experiences

Figure 7: Number of Applicants for Physiotherapist Positions

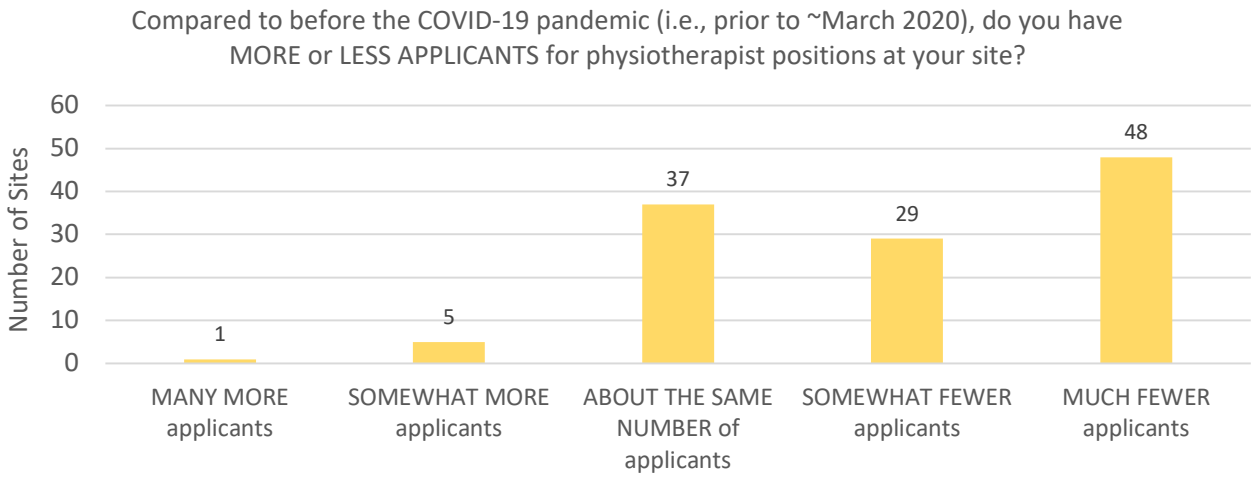


Figure 8: Experience of Applicants for Physiotherapist Positions

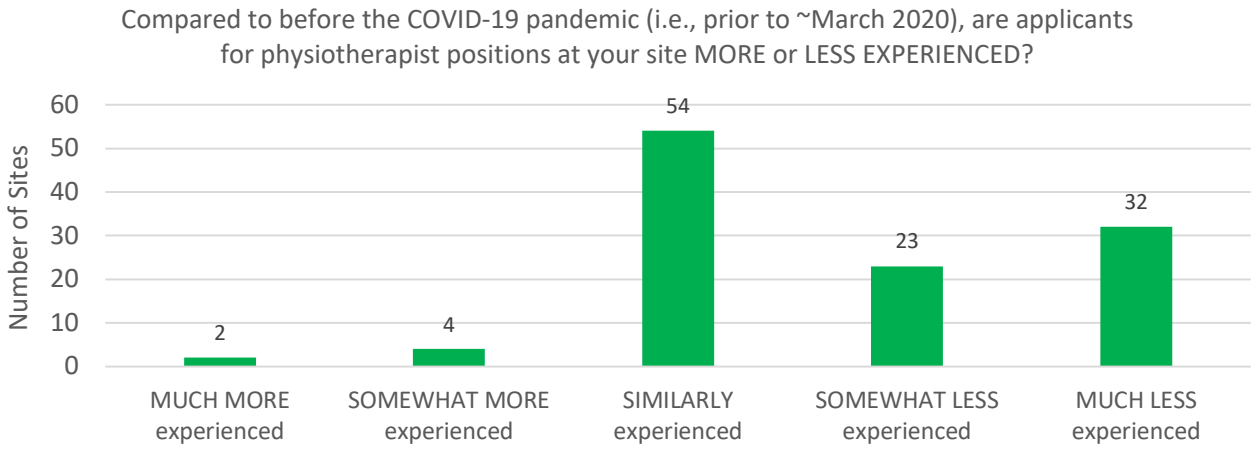
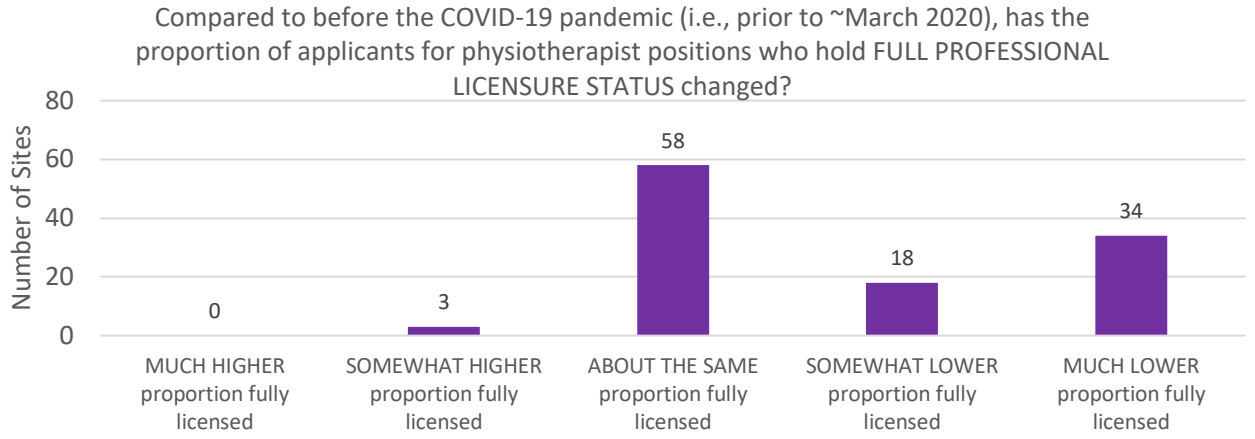


Figure 9: Fully Licensed Applicants for Physiotherapist Positions



3.4 Factors Causing Physiotherapists to Leave Practice vs. Seek Positions During the Pandemic

We asked survey respondents questions regarding reasons or factors why their physiotherapists may have left the physiotherapy profession vs. why they may have left their site but have continued in the profession. We also asked what they viewed as the key criteria that applicants for physiotherapist positions at their site are currently seeking. We pre-identified a list of factors and asked respondents to select as many as were applicable; we also asked respondents to suggest other factors that we didn't identify in advance.

The top reasons/factors why physiotherapists are leaving the profession relate predominantly to childcare and family care responsibilities, followed by professional burnout and personal health or illness (**Figure 10**). Re-location to another jurisdiction was listed as another common factor with financial considerations, location factors (e.g., to reduce commute) and education opportunities the least commonly identified factors. Only a few additional factors were identified by respondents, including COVID fearmongering, insufficient patient load and CAPR failures.

When asked to identify the top reasons/factors why physiotherapists have left their site, a somewhat different set of factors was presented to survey respondents, again with the option to suggest other factors. The top factor was re-location (e.g., move to another jurisdiction), followed by salary/pay, hours/scheduling, and location change (e.g., to reduce commute) (**Figure 11**). A middle group of factors including sector change (e.g., from hospital to private clinic) and case mix (e.g., seeking greater specialization). Less commonly noted factors included benefits, case load and relationships with management or colleagues. Mentorship was not noted as a factor by any respondent. Additional factors for why physiotherapists left their sited suggested by respondents included physiotherapists starting their own clinics, consolidating hours at one clinical rather than two, and maternity leaves.

Respondents were then asked to assess a similar set of criteria that they viewed as important to applicants who applied for physiotherapist positions at their sites. While the criteria were similar, respondents identified a different set of top criteria, including stronger mentorship opportunities, better salary/pay and better case load as most important to applicants (**Figure 12**). A secondary group of criteria included applicants who are seeking a better organizational culture and more flexible hours/scheduling. The least identified criteria included applicants seeking better relationships with management, more desirable case mix and better benefits. Two other criteria were suggested by respondents, including applicants who seek a safe practice environment and applicants seeking the opportunity to be part of a multidisciplinary approach to treatment.

Given the overlap of factors/criteria between why physiotherapists may have left a site and why applicants may seek positions at a site, we directly compared those results. **Figure 13** presents the perspectives of physiotherapy employers on both why physiotherapists leave and what applicants seek, which highlighted some similarities and some distinctions. For example, salary/pay was identified as a top factor for both why physiotherapists leave a site and what applicants seek, while benefits were lower down the list for both. Distinctions included case load, which was viewed as a more important factor for why physiotherapists might leave a practice but less important for applicants; organizational culture, which was a less important factor for why physiotherapists leave practices, but something applicants may be seeking; and mentorship, which was viewed as the most important criterion for applicants but was not identified by any respondent as a factor for why physiotherapists might leave a practice.

Figure 10: Reasons/Factors Why Physiotherapists Left Physiotherapy Profession during the Pandemic

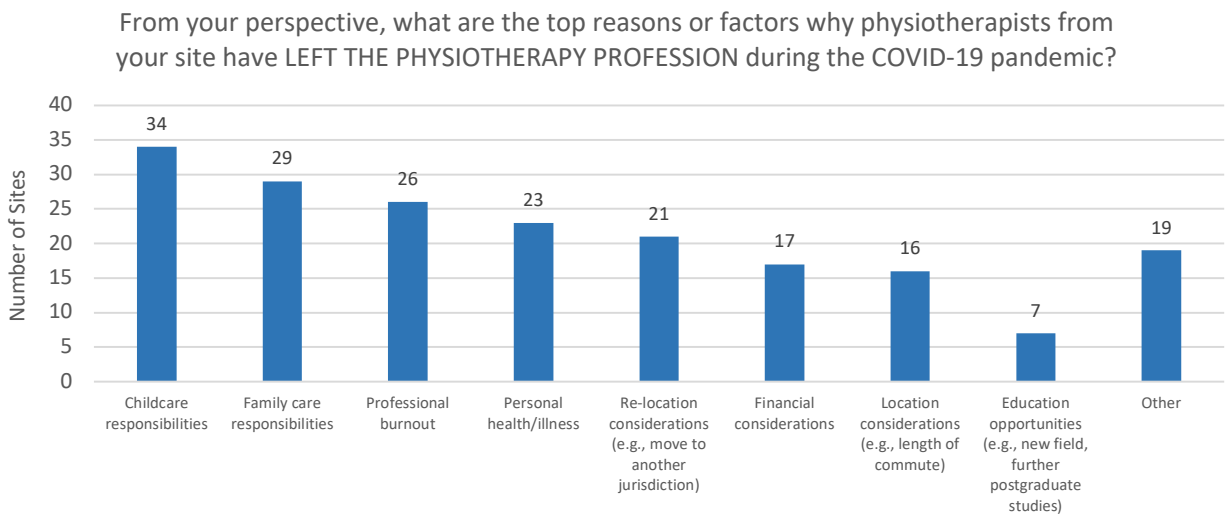


Figure 11: Reasons/Factors Why Physiotherapists Left Specific Sites During the Pandemic

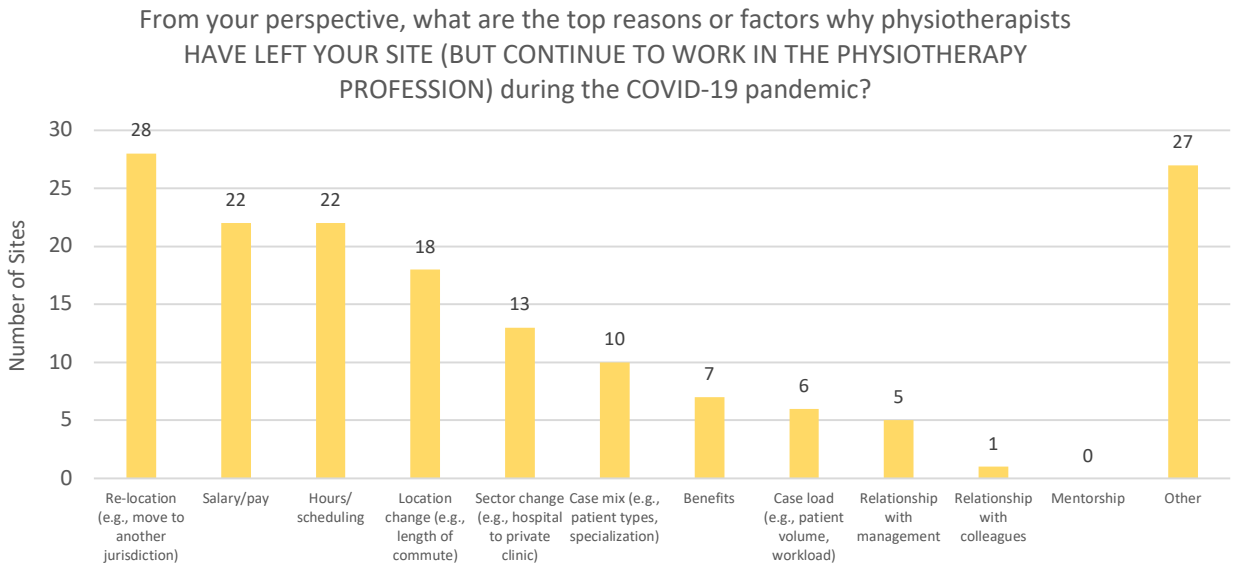


Figure 12: Physiotherapist Position Seeking Applicants' Top Criteria

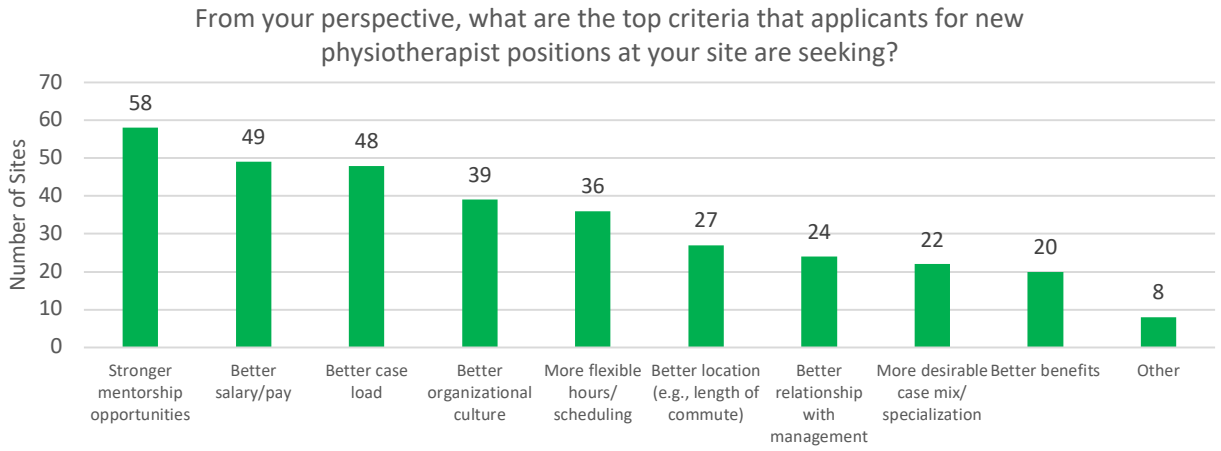
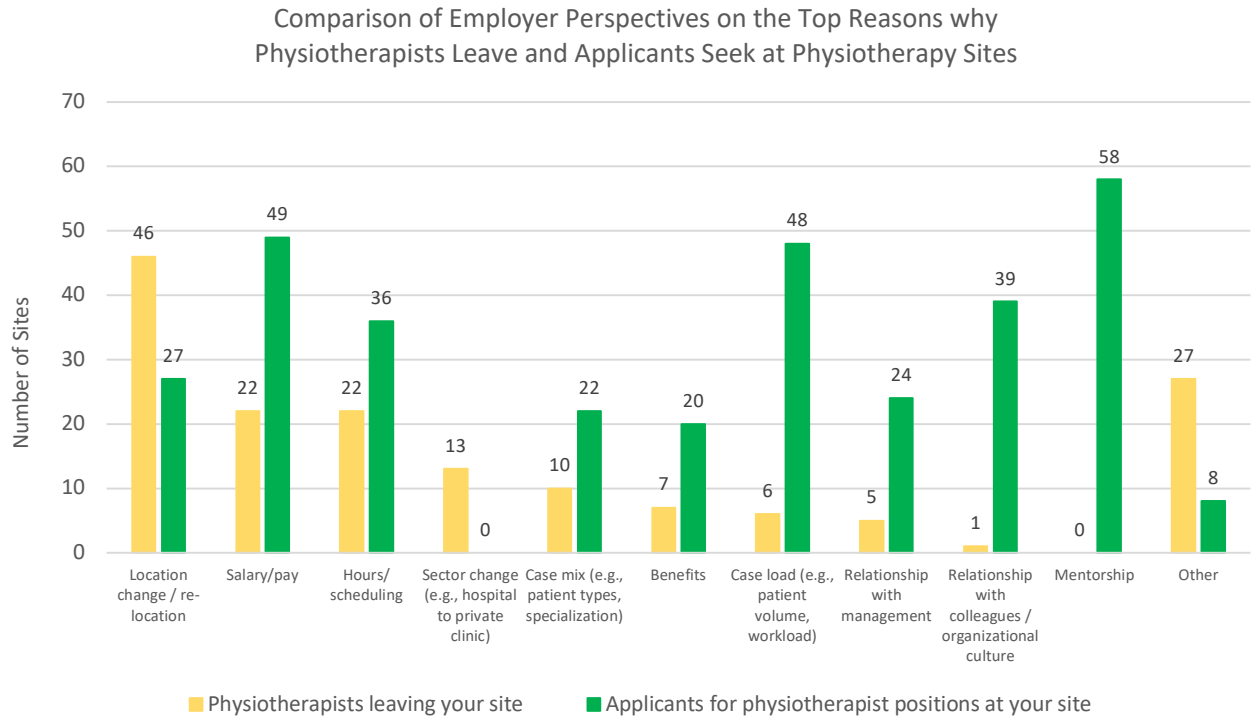


Figure 13: Comparison of Perspectives Why Physiotherapists Leave and Applicants Seek Positions



3.5 General Perspectives of Physiotherapy Employers

The survey ended with a series of open-ended questions seeking feedback from respondents on the current and future impacts of the COVID-19 pandemic on recruitment and retention of physiotherapists and on the physiotherapy profession more generally. The respondents produced a plethora of responses to these questions that reflected a range of concerns and challenges, including patient care, patient demand/volumes, financial, human resources, physiotherapist health/wellness, regulatory, and government/public health leadership. Some feedback included specific requests of the CPA. We thematically coded all comments and report on each theme below.

3.5.1 Patient Care / Clinical Concerns

It is important to start with patient care. Although patient care was not the primary focus of the survey, feedback from physiotherapy employers still identified a number of issues related to the impact of physiotherapy on patient care. These included:

- Patients are making more complaints about care (in some cases patients are becoming more aggressive)
- Patients are asking difficult questions that physiotherapists are not positioned to answer
- Patients are concerned about their safety when coming to the clinic
- Virtual care and associated technologies present challenges for many patients (particularly elderly), which physiotherapists are not always well positioned to address (and there was a specific concern expressed about legal considerations regarding its use during the pandemic)
- Clinical considerations that impact on patient care included the inability to utilize multidisciplinary teams, maintain clinical caseload/specialization and provide suitable clinical mentorship

3.5.2 Patient Volumes/Demand

There were numerous comments regarding changes in patient volumes over the course of the pandemic. Most comments characterized reductions in demand due to various pandemic-related factors (e.g., decreased sports injuries due to closure of gyms/sports, un/under-employed patients losing insurance coverage, patients waiting longer or coming less frequently for treatment, patients resistant to virtual appointments, increases in patient cancellation rates). Other comments noted the challenges with patient retention due to pandemic lockdown factors and that it will take considerable time to regain lost patient volumes. Not all comments on patient volume characterized it as dropping. One respondent suggested that demand had increased at their clinic due to virtual care offering allowing them to expand their services to clients across their province.

3.5.3 Financial impacts

There were many comments on the financial impacts of the pandemic. This included characterizations of the financial strains of operating physiotherapy organizations through the pandemic, COVID-related costs, the sustainability of current revenue models, and challenges transferring costs to patients or third-party payers.

Many respondents highlighted the financial strain that they are operating under. This includes the constraints that financial losses put on the operation of clinics, recruitment and retention of staff, paying clinic leases, and caring for patients. The costs of complying with COVID protocols were commonly detailed by respondents. This included costs for personal protective equipment, plexiglass barriers, cleaning supplies and disinfectants, purchasing new furniture/equipment that is warn due to cleaning and/or is easier to clean, and technology/equipment and training for virtual care/telehealth/telerehab. One respondent noted that their clinic hired a 1.0 FTE just for clinic cleaning and other respondents noted that additional support staff were required to screen patients. Other respondents added that COVID protocols have reduced clinic productivity and efficiencies, which also contribute to financial strains felt by physiotherapy employers.

In light of the financial strain and costs of COVID, several respondents questioned the sustainability of the current revenue model whereby costs are increasing and revenues are reducing. A few respondents noted that it is not always possible to transfer added costs (particularly new costs) to patients or third-party payers, which is problematic for the profession.

3.5.4 Human Resource Challenges

Respondents commented on human resource challenges more than any other concern. This includes interdependent issues related to staffing challenges, staff demands, changes to physiotherapist job descriptions and recruitment/retention challenges.

Respondents noted difficulties dealing with staff shortages due to the pandemic. Causes varied from absenteeism related to COVID self-isolation (including for family members of staff), unexpected leave-of-absences, early retirements, unexpected resignations, and redeployments, to normal staff turnover considerations (maternity leaves, retirements, etc.). As the pandemic evolved, staff demands also changed. This included requests for flexible work schedules, reduced caseloads, and increased pay. Several respondents commented that COVID protocols created the need for informal adaptation of physiotherapist job descriptions to contribute to required cleaning regimens and patient screening. In some cases, respondents indicated that some physiotherapists refused to comply with these pandemic-initiated changes and left their positions. By far the most commented on human resource challenge was physiotherapist recruitment. These comments have been captured in earlier sections of this report, but

it is notable that respondents re-emphasized many of these recruitment challenges in summarizing the impacts of the pandemic on the profession.

3.5.5 Physiotherapist Health/Wellness Concerns

Another concern raised by a number of respondents related to the health and wellness of physiotherapists. Some comments reflected physical health concerns related to exposure to the coronavirus, while many comments noted the mental health aspects of ongoing anxieties and stresses of working within a health care environment. Other comments extended the health concerns to physiotherapist families, often noting implications of family/child health on physiotherapist health (both physical and mental). There were additional comments that the pandemic put particular mental health stresses on clinic owners, especially for small or solo physiotherapist practices.

3.5.6 Regulatory Impact

Regulatory issues were a common focus of respondents. Some respondents suggested that CAPR's delays in offering the clinical component of the professional competency examination has had the most critical impact on the profession during the pandemic. Other respondents demanded that the examination process be accelerated to clear the backlog of physiotherapists with provisional licensure status. A few comments were more critical, suggesting CAPR is '…elitist and disabling for the profession…', that the cancellation of the professional competency exam is '…so detrimental…' and it is a '…disgrace…' that other allied health professions sorted the issue out more quickly. Another respondent added that the professional competency exam '…is a huge money grab for CAPR…'. Some respondents questioned why Canada is dependent on a national practice exam when other countries only require a written exam, and why accredited Canadian university programs cannot take on some responsibilities for assessing clinical competence.

3.5.7 Government/Public Health Considerations

One area that accumulated mostly positive comments related to government support. Several respondents noted that government assistance (from multiple levels) was helpful to pay bills when income was limited or absent, and one respondent was '…grateful…' for help from the federal government. However, there were other respondents who noted they were unable to access federal government COVID assistance programs and some blamed governments for extended lockdowns that resulted in the closure of some practices. There were several comments critical of public health guidance during the pandemic, requesting clearer messaging from public health agencies/leaders, with one clinic manager noting the additional workload needed to monitor evolving public health policies/guidance from multiple levels of government.

3.5.8 CPA Lobbying Issues

In addition to the respondent comments captured above, several respondents provided specific feedback for the CPA, which are summarized below:

- CPA needs to lobby CAPR to remove the professional competency exam (written and clinical) for Canadian-trained physiotherapists.
- CPA should lobby to give universities responsibility to prepare grads via testing during their final year of their masters.
- CPA should advocate for more physiotherapist spots in Canadian university programs (with one respondent adding that this should include an equal ratio of male/female spots).
- CPA needs to assist with lobbying the Workplace Safety and Insurance Board and Motor Vehicle Accident insurers to increase payment amounts to clinicians.

- CPA needs to advocate for better access to financial supports for physiotherapists as many did not qualify for provincial COVID grant programs.
- CPA needs to prioritize marketing the skills of the physiotherapy profession as other health professions (e.g., registered massage therapists, chiropractors) are spending more on marketing.
- CPA needs to provide more help to the profession on dealing with regulations and communications.
- CPA needs to lobby for regulations on physiotherapy clinics owned by physicians who benefit by getting steady referrals.

Conclusion

ACE conducted a survey of physiotherapist employers to assess the range of impact of the COVID-19 pandemic on physiotherapists and trainees. The survey findings cover a number of areas of physiotherapy practice from factors contributing to physiotherapist vacancies, redeployments, provisional licensure status and recruitment challenges to a range of professional challenges affected by the pandemic, including patient care, patient demand/volumes, financial and human resource impacts, physiotherapist health/wellness, regulatory issues, and government/public health leadership. While much of what has been captured in this report had detailed the negative consequences of the pandemic on the physiotherapy profession, it is important to acknowledge a few positive responses to the survey. These indicated that the pandemic has led to:

- Improved budgeting
- Requiring the work culture to come together
- Streamlining more physiotherapy processes/systems and staff learning new skills (e.g., improved disinfection procedures; decluttered clinic; clarified policies/protocols)
- Gaining efficiencies by tighter scheduling of sessions to comply with COVID protocols
- Improving use of technology (e.g., videoconferencing, electronic charting, telehealth services)

Alas, while the pandemic has had both positive and negative impacts on the physiotherapy profession, on aggregate, survey respondents were clear that the pandemic has presented the profession with significant challenges. Once apt comment succinctly sums up the experience of physiotherapy employers during the pandemic: “It sucked!”

Appendix A: Survey Instrument

NOTE: This is a textual copy of the survey instrument. The web-based survey was delivered through the Redcap online survey tool.

Impacts of the COVID-19 Pandemic on Physiotherapy Employers Across Canada

The **Accessing Centre for Expertise (ACE)** was hired by the **Canadian Physiotherapy Association (CPA)** to conduct a survey of physiotherapy employers regarding the impacts of COVID-19 on the physiotherapy profession across Canada. In addition, the CPA is working to understand the impacts in accessing full licensure, in light of the delays of the delivery of the CAPR clinical component of the physiotherapy competency examination (PCE). The main aim of this survey is to qualify and quantify key impacts on practicing physiotherapists and new physiotherapy candidates to understand key areas of concern that can inform strategy and advocacy for the physiotherapy profession.

Survey questions focus on current factors that impact on the recruitment and retention of physiotherapist positions at your site and your assessment of factors that will impact on the profession going forward.

We are seeking one respondent per physiotherapy site. If you are responsible for a multi-site organization (e.g., the owner/manager), we ask that you forward this survey request to colleagues/staff (e.g., clinic directors) that are in a position to submit responses on behalf of specific sites.

Based on a number of factors, the timeline to conduct this survey is very short and we will only be able to leave the survey open for responses for 7 days. **To ensure your responses are included, you will need to complete the survey by August 9th, 2021.**

The survey should take approximately 10 minutes to complete. Please note that the survey must be completed in a single sitting as partial responses will not be saved if you return to the survey at a later time.

Please note that your participation in this survey will be kept strictly confidential and your responses will be anonymized and only reported at aggregate levels.

If you have any questions or concerns, please contact the ACE lead or CPA lead for this project:

Mark J. Dobrow, PhD
Director, Accessing Centre for Expertise (ACE)
Associate Professor
Institute of Health Policy, Management and Evaluation
Dalla Lana School of Public Health
University of Toronto
Email: mark.dobrow@utoronto.ca
Tel: 647-267-1145

Lisa Carroll
Director, Policy and Research
Canadian Physiotherapy Association
Email: lcarroll@physiotherapy.ca
Tel: 613-564-5454 ext. 248

RESPONDENT DETAILS	
Please provide your contact details (name, position, organization). Response to this question is OPTIONAL. Please note that your participation will be confidential and all responses will be anonymized and only reported at aggregate levels. Your contact information will only be used to identify partial or duplicate entries or to follow-up on responses where needed.	
Please provide your contact details (name, position, organization). Response to this question is OPTIONAL. Please note that your participation will be confidential and all responses will be anonymized and only reported at aggregate levels. Your contact information will only be used to identify partial or duplicate entries or to follow-up on responses where needed.	

SITE CHARACTERISTICS	
HOW MANY sites does your physiotherapy organization/company have?	1 site 2-5 sites 6-25 sites more than 25 sites
Please identify the specific site (by name and location/address) that you are completing this survey on behalf of. Please note that for organizations with multiple sites, we request responses on behalf of each individual site (where feasible). All remaining survey questions will pertain to the site you identify.	
Which province/territory is your site located in?	Alberta British Columbia Manitoba New Brunswick Newfoundland and Labrador Northwest Territories Nova Scotia Nunavut Ontario Prince Edward Island Quebec Saskatchewan Yukon

What best describes the population centre where your site is located?	LARGE urban population centres (population of 100,000 +) MEDIUM population centres (population of 30,000 to 99,999) SMALL population centres (population of 1000 to 29,999) RURAL areas (population dispersed and less than 1000) REMOTE areas (i.e., an area that is isolated, or long distance from larger settlements, or lacks transportation links that are typical in more populated areas)
What is the main sector/setting for your site?	Hospital-based acute care (including outpatient settings) Hospital rehabilitation centre Private practice clinic Home care Community health centres Long-term care facility Retirement home Other

FULL-TIME EQUIVALENTS (FTEs)

For this survey, we are not distinguishing between FULL-TIME, PART-TIME or CASUAL physiotherapist positions. Rather, we ask you to please identify the number of full-time equivalents (FTEs) (e.g., if your site has 10 physiotherapists, of which 5 work full-time and 5 work half-time, that would be 7.5 FTEs).

HOW MANY FTE physiotherapist positions (FILLED and VACANT) do you currently have at your site?	
HOW MANY FTE physiotherapist positions at your site are currently VACANT?	
HOW MANY FTE physiotherapist positions at your site are currently filled by a physiotherapist with PROVISIONAL LICENSURE STATUS?	
Since the start of the COVID-19 pandemic (i.e., ~March 2020), have you ADDED/REDUCED physiotherapist FTEs at your site?	Physiotherapist FTEs have been ADDED Physiotherapist FTEs have been REDUCED Physiotherapist FTEs have not been changed

PHYSIOTHERAPIST REDEPLOYMENT
Since the start of the COVID-19 pandemic (i.e., ~March 2020), HOW MANY FTE physiotherapist positions at your site currently have been REDEPLOYED to work in OTHER physiotherapist roles (e.g., different clinical departments/programs, COVID-related clinical duties)?
Since the start of the COVID-19 pandemic (i.e., ~March 2020), HOW MANY FTE physiotherapist positions at your site have been REDEPLOYED to work in NON-physiotherapist roles (e.g., administrative, COVID vaccine rollout)?

FILLING VACANCIES	
Compared to before the COVID-19 pandemic (i.e., prior to ~March 2020), does it currently take MORE or LESS TIME to fill physiotherapist positions at your site?	During the pandemic, it takes MUCH MORE time to fill physiotherapist positions at your site During the pandemic, it takes SOMEWHAT MORE time to fill physiotherapist positions at your site During the pandemic, it takes ABOUT THE SAME AMOUNT of time to fill physiotherapist positions at your site During the pandemic, it takes SOMEWHAT LESS time to fill physiotherapist positions at your site During the pandemic, it takes MUCH LESS time to fill physiotherapist positions at your site
Compared to before the COVID-19 pandemic (i.e., prior to ~March 2020), on average, how much LONGER does it take to fill a VACANT physiotherapist position at your site now?	It takes not more than 1 month longer now to fill a vacancy It takes 1-3 months longer now to fill a vacancy It takes 4-6 months longer now to fill a vacancy It takes 7-12 months longer now to fill a vacancy It takes more than 12 months longer now to fill a vacancy
Compared to before the COVID-19 pandemic (i.e., prior to ~March 2020), on average, how much QUICKER is it to fill a VACANT physiotherapist position at your site now?	It is less than 1 month quicker now to fill a vacancy It is 1-3 months quicker now to fill a vacancy It is 4-6 months quicker now to fill a vacancy It is 7-12 months quicker now to fill a vacancy It is more than 12 months quicker now to fill a vacancy

VACANCIES AND APPLICANT CHARACTERISTICS	
Compared to before the COVID-19 pandemic (i.e., prior to ~March 2020), do you have MORE or LESS APPLICANTS for physiotherapist positions at your site?	During the pandemic, MANY MORE applicants are applying for physiotherapist positions at your site During the pandemic, SOMEWHAT MORE applicants are applying for physiotherapist positions at your site

	During the pandemic, ABOUT THE SAME NUMBER of applicants are applying for physiotherapist positions at your site During the pandemic, SOMEWHAT FEWER applicants are applying for physiotherapist positions at your site During the pandemic, MUCH FEWER applicants are applying for physiotherapist positions at your site
Compared to before the COVID-19 pandemic (i.e., prior to ~March 2020), are applicants for physiotherapist positions at your site MORE or LESS EXPERIENCED?	During the pandemic, applicants for physiotherapist positions at your site are MUCH MORE experienced During the pandemic, applicants for physiotherapist positions at your site are SOMEWHAT MORE experienced During the pandemic, applicants for physiotherapist positions at your site are SIMILARLY experienced During the pandemic, applicants for physiotherapist positions at your site are SOMEWHAT LESS experienced During the pandemic, applicants for physiotherapist positions at your site are MUCH LESS experienced
Compared to before the COVID-19 pandemic (i.e., prior to ~March 2020), has the proportion of applicants for physiotherapist positions who hold FULL PROFESSIONAL LICENSURE STATUS changed?	During the pandemic, a MUCH HIGHER proportion of applicants for physiotherapist positions at your site hold full professional licensure status During the pandemic, a SOMEWHAT HIGHER proportion of applicants for physiotherapist positions at your site hold full professional licensure status During the pandemic, ABOUT THE SAME proportion of applicants for physiotherapist positions at your site hold full professional licensure status During the pandemic, a SOMEWHAT LOWER proportion of applicants for physiotherapist positions at your site hold full professional licensure status During the pandemic, a MUCH LOWER proportion of applicants for physiotherapist positions at your site hold full professional licensure status
Compared to before the COVID-19 pandemic (i.e., prior to ~March 2020), has the duration of time that physiotherapists practice at your site with provisional licenses (and thus require ongoing supervision) changed?	During the pandemic, physiotherapists that practice with a provisional license at your site are doing so for a MUCH LONGER time period During the pandemic, physiotherapists that practice with a provisional license at your site are doing so for a SOMEWHAT LONGER time period During the pandemic, physiotherapists that practice with a provisional license at your site are doing so for ABOUT THE SAME time period

	During the pandemic, physiotherapists that practice with a provisional license at your site are doing so for a SOMEWHAT SHORTER time period During the pandemic, physiotherapists that practice with a provisional license at your site are doing so for a MUCH SHORTER time period

FACTORS INFLUENCING DECISIONS TO LEAVE PRACTICE/PROFESSION	
From your perspective, what are the top reasons or factors why physiotherapists from your site have LEFT THE PHYSIOTHERAPY PROFESSION during the COVID-19 pandemic? Please check all that apply.	Professional burnout Personal health/illness Childcare responsibilities Family care responsibilities Education opportunities (e.g., new field, further postgraduate studies) Financial considerations Location considerations (e.g., length of commute) Re-location considerations (e.g., move to another jurisdiction) Other
From your perspective, what are the top reasons or factors why physiotherapists HAVE LEFT YOUR SITE (BUT CONTINUE TO WORK IN THE PHYSIOTHERAPY PROFESSION) during the COVID-19 pandemic? Please check all that apply.	Salary/pay Benefits Hours/scheduling Relationship with colleagues Relationship with management Mentorship Case mix (e.g., patient types, specialization) Case load (e.g., patient volume, workload) Sector change (e.g., hospital to private clinic) Location change (e.g., length of commute) Re-location (e.g., move to another jurisdiction) Other
From your perspective, what are the top criteria that applicants for new physiotherapist positions at your site are seeking? Please check all that apply	Better salary/pay Better benefits More flexible hours/scheduling Better organizational culture Better relationship with management Stronger mentorship opportunities More desirable case mix (e.g., specific patient types, specialization) Better case load (e.g., patient volume, workload) Better location (e.g., length of commute) Other

CONCLUDING OVERVIEW QUESTIONS
Going forward, what barriers or factors do you anticipate impacting on your site's recruitment and retention of physiotherapists?
Overall, what have been the main impacts of the COVID-19 pandemic on your site's operations (e.g., patient care, staffing/workload, human resources, financial, technology)?
Is there anything else you would like the CPA to understand about the impacts of COVID-19 pandemic on your site?

CLOSE SURVEY

Thank you for your participation in this survey!

The information you have provided will help the CPA to quantify and qualify the impacts of the COVID-19 pandemic on the physiotherapy profession across Canada and assess what gaps and needs exist to inform strategy and advocacy.