Physiotherapy Health
Human Resources

Background Paper

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EXECUTIVE SUMMARY

The physiotherapy profession is a self-regulated health care profession in Canada. It has established educational standards and a body of knowledge and skills that are complemented by ongoing continuing education and research. Physiotherapists are primary care practitioners and clients may directly access their services without need for referral.

In order to meet the health care needs of Canadians, it is crucial that an adequate supply of physiotherapists be available now and in the future. Long-term health human resource planning must be undertaken for physiotherapists and needs to be focused on population needs. In addition, human resource planning for physiotherapy must be integrated with that of other health care professions.

To date, little long-term physiotherapy human resource planning has taken place. Those initiatives that have been carried out are fragmented and limited in scope. These efforts also have not addressed planning for a sustainable physiotherapy work force for the future to meet the needs of Canadians and reflect a lack of national framework. Additionally, it is recognized that there is a need for long-term planning that is integrated with that of other primary health care professions. Further, effective planning, policy development and decision-making in this area need to be based on evidence-based information. Currently, gaps exist in physiotherapy health human resources data collection. Similarly, there has been a lack of analysis of such data on a national basis.

RECOMMENDATIONS

In light of the above, it is recommended that a national physiotherapy human resource planning initiative be undertaken to ensure an adequate supply of physiotherapists for the next twenty years to meet the health care needs of Canadians. It is proposed that this process take place in three phases.

Appropriate stakeholder input, including representation from the professional association, provincial regulators, educators, students, federal, provincial and territorial governments, employers and consumers will be sought for all phases of the physiotherapy human resources initiative.

PHASE ONE

In phase one, a national physiotherapy occupational analysis will be carried out to identify information gaps and factors that have an impact on physiotherapy human resource planning. It will include the following areas:
• **Supply/Demand Analysis**
  An analysis of the supply of physiotherapists and the present and future need for physiotherapy services across Canada.

• **National Physiotherapy Database**
  An analysis of the data required for a comprehensive national database to be developed and maintained, on an ongoing basis, for physiotherapy human resource planning and research.

• **Labour Market Analysis**
  A labour market analysis, including an examination of inter-provincial mobility and immigration.

• **Health Care Reform**
  An analysis of the impact of the current health care system changes on the role of physiotherapists.

**PHASE TWO**

This phase would involve the development of a national physiotherapy database with valid and reliable data elements that are standardized across the country. This will provide a national framework for physiotherapy human resource planning. This database would build on existing data, but would be designed specifically for human resource planning and research.

**PHASE THREE**

This last phase would involve the development of a national physiotherapy human resource planning initiative for the provision of ongoing physiotherapy human resources that would meet the health needs of Canadians. This initiative would be integrated with human resource planning initiatives of other health care providers. It would involve participation of representatives from physiotherapy stakeholders and representatives of other health care professions.
I. BACKGROUND

The physiotherapy profession is a self-regulated health care profession in Canada.² It has established educational standards and a body of knowledge and skills that are complemented by ongoing continuing education and research. Physiotherapists¹ are primary care practitioners and clients may directly access their services without need for referral.

Physiotherapists work with their patients to plan and carry out individually designed physical treatment programs for the purpose of restoring function and preventing disability from disease, trauma or injury. They are also involved in consulting, educating activities, and research. Quality care is provided by over 15,000 physiotherapists in Canada in a variety of settings, including (but not limited to) hospitals, rehabilitation centres, physiotherapy clinics, schools, workplace, community and occupational health centres.

Physiotherapists also play a large role in promoting health. They understand the determinants of health and see this as a fundamental requirement for responsible decision-making that is conducive to promoting health for Canadians.³ In this capacity, physiotherapists often work as consultants to private and public organizations. They work with corporations, professional and amateur sports teams, and with governments and their agencies. Their consultative work also includes prevention awareness and the focus of this work is to prevent injury and to promote health. Physiotherapists are therefore essential providers in Canada's health care system.

Critical shortages of health professionals, such as pharmacists, nurses and physicians are reported regularly in the media. Anecdotally, a similar shortage of physiotherapists is increasingly noted across the country. One major difference between the professions of nursing and medicine versus physiotherapy is that the former two have well-developed information databases and have carried out studies to examine human resource trends within their profession whereas these initiatives have not been undertaken in physiotherapy.

Many questions about human resource planning in physiotherapy remain unanswered and include:
- What is an adequate number of new graduates each year to meet the demand for physiotherapy care for Canadians?
- What is the average age of physiotherapists in Canada and will there be a critical shortage as the "boomers" retire?
- What impact will the movement towards a post-baccalaureate entry-level education have on the physiotherapy profession?
- What are the roles and responsibilities of physiotherapy support workers and what is an adequate supply of these workers?
- What information is needed to help the physiotherapy profession guide policy decisions related to human resource planning (both within the profession and in relation to other health care professions), and how often should it be collected?

¹ The terms physiotherapist and physical therapist and physiotherapy and physical therapy are considered synonyms and can be used interchangeably.
II. HEALTH HUMAN RESOURCES PLANNING

Health human resources (HHR) planning is a complex issue and the management of human resources includes monitoring and evaluation, planning, and policy research.\(^4\) It takes into account the supply, distribution, quality, deployment, organization and utilization of health human resources. It has further been described as seeking to establish optimal numbers for each of the health care provider groups, 'given the most cost-effective and appropriate mix of required personnel based on varying services needs'.

Even though health care personnel are regulated at the provincial level, national policies and migration trends do effect policies developed at the provincial level. Therefore, careful coordination must take place between national and provincial initiatives. HHR planning also relies on accurate information, otherwise any planning and modelling projections can be rendered meaningless. In the past, HHR planning has been based largely on head count and on professional/population ratios that do not address population needs. The federal government and leading health research institutions have identified health human resources as the 'dominant issue' facing the Canadian health system over the next several years.\(^5\)

Key features that are important and need to be considered in physiotherapy HHR planning are outlined below.

A. Human Resource Modelling \(^\text{\textsuperscript{ii}}\)

Simulation and modelling are very powerful sources of information. They "allow planners to explore consequences of alternative policies, facilities input and output sensitivity analysis, and make it easier to involve stakeholders throughout the process".\(^6\) They use 'what-if.' scenarios, and are a useful tool in health system planning. One key challenge in human research modelling has been the lack of easily accessed clinical, administrative and provider databases to conduct complex modelling activities.\(^7\) The type of conceptual framework for human resources planning used for the model will depend on the questions being asked.\(^8\) Birch et al. identified three human resource planning approaches: utilization-based, needs-based and 'effective demand-based'.\(^9\) The needs-based approach estimates future requirements on the basis of the estimated health deficits of the population, as well as on the potential for addressing these deficits using a mix of different health care human resources to provide effective service intervention in efficient ways. One of the underlying assumptions is that all needs can and should be met. The utilization-based approach adopts the quantity, mix and population distribution or current health care resources as a baseline for estimates for future requirements. The main problem arising from this approach is that from a policy perspective, it overlooks the consequences of the 'errors' arising from these assumptions proving to be invalid.\(^10\) With the effective demand-based approach, economic considerations are introduced to complement the epidemiological principles of the needs-based approach. This approach is still interested in ensuring that human resources are used efficiently, but by relaxing the assumption that all needs can and should be met, the approach can focus on relative levels of need within the entire population affected by those needs.\(^11\)

\(^{\text{ii}}\) Adapted from Integrating Workforce Planning. Human Resources and Service Planning.
B. Issues Affecting Supply and Demand

The absence of reliable data is one of the major problems in HHR planning. Forecasting models are only as good as the data they are based on. Changes in delivery models affect forecasting, but the lack of data in the area of service needs makes it difficult to forecast supply requirements. Some professional groups are difficult to count, simply because they are not regulated or their role is not well defined. In physiotherapy this includes physiotherapist support workers. This group of workers is not regulated and it is difficult to determine the number of support workers, let alone their workload. Other measurement problems arise when multiple sources supply the same (or different) data at different points in time. Information regarding the forecasting of supply and demand need to be available to both the educational sector and the health service delivery sector so that they may work together proactively to address the supply/requirements imbalances. Human resource planning should be integrated into the overall strategic planning. It should not be done separately by each profession, but should start with an assessment of future needs and be based on the skills and competencies required to fulfil population health needs.

C. Factors Influencing Health Human Resource and its Planning

There are a variety of factors influencing HHR and its planning. The following listing is not exhaustive, but does describe some of the complexities of the factors influencing HHR. Three main areas have been identified as influencing HHR. The first area is that of structural factors. These include systems organization and financing, or the way services are delivered and financed. The second area includes factors such as professional governance, regulation, entry-to-practice credentialling and the scope of practice of the health professions. The final area of influence on HHR relates to policies pertaining to training and supply. In general, this refers to the number of newly trained professionals produced and the present and future needs of the population.

Other factors influence the planning of HHR. One of these factors is service delivery. It involves the manner in which services are delivered, including the management model that is in place, for example, program management in the hospital setting. The organizational model and employer policies can have a substantial influence on the mix of workers and on other factors, such as the use of support workers. Management practices also affect recruitment, retention and attrition. This applies to the public hospital or institutional setting, as well as to these services in the private sector. Information in this area should answer questions such as what are the factors contributing to the shortage of professionals?

Factors such as workload measurement also affect HHR planning. This information is often collected in some capacity in the hospital setting, but it is often not collected in the private setting. Since approximately 50% of physiotherapists work in the private setting, data in this area is of great importance to physiotherapy.

D. Changes in the Healthcare System

Changes in the broader health care system can have a significant impact on the physiotherapy workforce. Some of these include:
• Changing characteristics in the demographics of the Canadian population served by the health care system (e.g. age, ethnicity);
• A greater scientific knowledge base related to physiotherapy, increased professional autonomy, application of a larger range of treatment modalities and understanding of new diagnostic tools;
• Opportunities for expanded scopes of practice within the physiotherapy profession;
• The emergence of new diseases;
• Increasing public expectations concerning the quality of health care;
• A shift from institutional care to ambulatory and community care;
• An increase in the number of patients with chronic and complex multi-system disorders due to an ageing population and advances in health care;
• Advances in technology;
• Expanding number and role of different health care providers;
• Increased public interest in and pursuit of alternative and complementary treatment options; and
• Increased need for system/provider/consumer accountability.

III. THE PHYSIOTHERAPY PROFESSION

Central to the practice of physiotherapy is understanding how and why movement and function take place. Physiotherapists are independent and caring health professionals, who seek to provide safe, quality, client-centered physiotherapy service through a commitment to service availability, accessibility and excellence. The profession continues to be shaped by scientific evidence and by the education and competence of physiotherapists delivering the services. Physiotherapy is grounded in the belief that, to be effective, its services must respond to the changing needs of populations.

Physiotherapists work with their patients to plan and carry out individually designed physical treatment programs for the purpose of restoring function and preventing disability from disease, trauma or injury. They are also involved in consulting, educating activities, and research.

Physiotherapists work as primary health care providers in all provincial jurisdictions. The public has direct access to physiotherapists and can make appointments without referral from a medical doctor. They work in a variety of settings including health clinics, hospitals, rehabilitation centres, and nursing homes. In addition, many are self-employed. Physiotherapists may focus their practice in particular clinical areas such as orthopaedics, cardiopulmonary and cardiovascular disorders, neurology, geriatrics, burns, sports injuries, rheumatology, oncology, paediatrics or obstetrics.

Physiotherapists are self-regulated health professionals in all Canadian provincial jurisdictions. Authority and responsibility is delegated to the physiotherapy regulatory authorities through legislation in each of the provinces. In the North West Territory, Yukon Territory and Nunavut, the responsibility for the competence of physiotherapists rests with the government.
In each province, there is legislation outlining issues such as the scope of physiotherapy practice, minimal requirements for physiotherapist education, requirements for ongoing practice/continuing competence, procedures for complaints and discipline of registrants, details regarding governance including public representation, and authority for setting practice standards.

In order to obtain a license to practice physiotherapy in Canada, candidates educated in Canada, must have graduated from an accredited physiotherapy university program, meet all provincial/territorial licensing requirements and complete the Physiotherapy Competency Exam (PCE) as requested for registration in British Columbia, Alberta, Ontario, Prince Edward Island, Nova Scotia and Newfoundland and Labrador.

Candidates educated outside Canada must have the equivalency of their education confirmed through either the credentialling process of The Alliance (in nine provinces) or that of Quebec (by the "Ordre professionnel des physiothérapeutes du Québec"). These candidates must complete the PCE prior to registration in all provinces except Québec.

As noted above, physiotherapy is a self-regulated profession at the provincial level. In following, there is much diversity among the regulatory frameworks used by the provincial physiotherapy regulators. This diversity reflects a variety of factors, including the differences in provincial health environment needs, variance in provincial regulatory models and in provincial regulatory priorities.

A. Physiotherapy Entry-Level Education

Formal physiotherapy education in Canada takes place in one of thirteen university programs; each affiliated with a faculty of medicine and accredited by the Accreditation Council of Canadian Physiotherapy Academic Programs (ACCPAC). 13

Every year, hundreds of people apply for admission to each of the physiotherapy programs. A total of 30 to 70 students are accepted for each program, for a total of approximately 704 students in 2000.14 There is little attrition from these programs between admission and graduation. While the proportion of males graduating from physiotherapy programs in Canada has increased over the past two decades, the proportion of physiotherapists who are males remains less than twenty percent of total registrants.15

Admission requirements vary among physiotherapy educational programs. For example, one physiotherapy program admits students following secondary school, other require one of two years of university coursework, and four programs require a baccalaureate degree before application. An overview of entry requirements is provided in Appendix 1.

Physiotherapy university programs, regulators, accreditors of education programs and the national professional association (the Canadian Physiotherapy Association) each have related yet distinct roles concerning entry-level education for physiotherapists. Delegates from these groups met together in June 2001 to discuss a preferred vision for entry-level physiotherapy education in
Canada (for a full vision statement, refer to Appendix 2). The following summarizes the consensus reached by these delegates:

*The preferred entry-level educational qualification for Canadian physiotherapists to practice physiotherapy, is a professional master's degree.*

By 2010, or sooner, Canadian universities will offer entry-level education programs in physiotherapy only at the level of a professional master's degree.

The impact of the change to an entry-level master's degree is not fully known and needs to be further investigated.

Each educational program develops its own program following national curriculum guidelines, accreditation standards, and with consideration of its own local resources, perspective and expertise. With the exception of the province of Quebec, an educational model and a set minimum for coursework content or credits is not mandated. In Quebec, there are legally mandated curricular requirements in the statutes for physiotherapy education.

Physiotherapy programs across the country currently experience great difficulty filling faculty positions. The number of physiotherapists with doctoral degrees is limited and cannot fill the demand for faculty. Few physiotherapy doctoral programs exist in the country and many physiotherapists obtain this advanced degree in other disciplines. There is no system in place to identify these individuals, rendering active recruitment of these positions difficult.

**B. Labour Market and Labour Mobility of Physiotherapists**

There is very little data to describe the labour market and labour mobility of physiotherapist or the barriers to the mobility of physiotherapists in Canada.

In 1999, there were 15,122 registered physiotherapists in the 10 provincial jurisdictions. In addition, it is estimated that there are 32 physiotherapists in the three territories. It is not know how many physiotherapists are licensed in more than one province, but that number is estimated to be low. The number of registered physiotherapists increased by 50.3% from 9,066 in 1988 to 15,122 in 1999. Despite a growth in physiotherapists per capita, the number and distribution of physiotherapists does not appear to have met demands, as many regions and provinces experience persistent problems in recruiting adequate numbers of physiotherapists.

Data on the number of graduates from the physiotherapy programs is available from the university programs and is also collected by the Canadian Institute for Health Information (CIHI). The annual number of graduated from the physiotherapy baccalaureate programs has increased from 730 in 1988 to 1,067 in 1997, reflecting an increase of 43.9%. The type and amount of information collected with regards to university program applicants differs among universities and certain provincial Freedom of Information and Privacy Acts prevents schools from asking pertinent planning information. Also, this information is presently not collected or

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iii A professional master's degree is a master's degree that is conferred upon completion of an education program that prepares the graduate to practice as an entry-level physiotherapist.
analyzed within a national framework to provide insight into the pool of applicants entering the profession.

The Ontario Hospital Association's first Annual Health Care Provider Labour Market Survey (2002) reports growing concerns about the availability of health professionals, including physiotherapists. The report suggests that many hospitals do not engage in long-term HHR planning and many were unable to supply core information about their workforce. The report also provides hospital vacancy rates of physiotherapists per region (up to 19% in Northern Ontario). The work force is ageing and many hospitals also report loss of staff due to long term disability. These factors indicate a recruitment-retention gap for the coming years. The report noted that the key recruitment strategies presently used for physiotherapists include relocation assistance, time off for professional development, tuition reimbursement and mentoring opportunities. Also, it was reported that some regions offer hourly wage increases outside the negotiated pay schedule. Some other key retention strategies noted include flexible scheduling and time off for additional training. Identified barriers to the implementation of recruitment and retention strategies were lack of finances, lack of time and the need for planning tools.

Under the terms of the Agreement on Internal Trade (AIT), provincial and territorial governments and their respective regulatory bodies are to assess their legislation, and other regulatory requirements and policies, as well as identify areas where recognition and/or reconciliation of standards. These standards are needed to decrease or eliminate barriers to the labour mobility of physiotherapists in Canada.18

At the 1996 annual meeting of the Canadian Alliance of Physiotherapy Regulators, the member boards agreed to begin recognition and/or reconciliation of regulatory standards. Four areas were initially considered priorities for reconciliation of labour mobility of physiotherapists in Canada. They are: definition of scope of practice, entry to practice requirements, re-entry to practice requirement, and maintenance of registration requirements. Other priority areas subsequently identified by this group as needing discussion included residency requirements; administrative practices; credentialling of internationally educated physiotherapists; defining competencies beyond entry-level; and developing mechanisms for assessing competencies beyond entry-level. These discussions are presently under way.

Recently, Bill C-31 was tabled in the House of Commons to create a new Immigration and Refugee Protection Act. Under the proposed Act, health professionals applying for immigration to Canada will be classified under the Skilled and Business section. The new legislation proposes to attract skilled workers with a broad range of skill sets and communication skills that are flexible and transferable within the larger context of the Canadian labour force. The impact of this legislation on regulated health professions, including physiotherapy, is currently being addressed.

The North American Free Trade Agreement (NAFTA) encourages regulatory bodies to establish mechanisms to facilitate the mobility of professionals across international borders, while maintaining their regulatory standards. Although NAFTA has no mandatory requirement for health care professionals, an agreement similar in intent, the General agreement on Trade in Services (GATS), seeks to promote fairness, objectivity and transparency in the licensing
processes, while maintaining service quality. The full implications of NAFTA, and more directly GATS on health human resources, are not yet fully understood.

IV. OVERVIEW OF PHYSIOTHERAPY DATA COLLECTION

Data collection in physiotherapy is mainly carried out for administrative and licensing purposes. Most of these data provide information regarding the supply of physiotherapists. Information on the supply of the unregulated physiotherapists support workers is extremely limited. Data on physiotherapy service delivery and the utilization of physiotherapy human resources in the health care system is scarce. A brief description of the main sources of information is provided.

A. Supply of Physiotherapists

There are five main sources of information for the supply of physiotherapists. They include the following: the Human Resources Survey of the Canadian Alliance of Physiotherapy Regulators, the Canadian Physiotherapy Association, The Job Futures Initiative of Human Resources Development Canada, the national Census survey, the Labour Market Survey, and Citizenship and Immigration Canada. A brief description of each of the sources is provided.

i. Human Resources Survey of the Canadian Alliance of Physiotherapy Regulators

The Alliance of Physiotherapy Regulators is the national federation of physiotherapy regulators in Canada. Information collected in the human resources survey is provided by the provincial regulators. This is a rich source of data that provides information in the following areas:

- Number of registrants
  Number of physiotherapists registered, number of physiotherapists active (permanent full-time, permanent part-time, temporary full-time (including casual), temporary part-time, and number of physiotherapists inactive.
- Gender
- Age groups
- Location of registrants
  Working in physiotherapy in the province, working in physiotherapy outside the province, leave of absence from physiotherapy in the province, working in another field, not working.
- New Registrants
  Total of new registrants for the year, subtotal of new registrants educated in own province, subtotal of new registrants educated in other provinces in Canada, subtotal of new registrants non Canadian-educated, subtotal of new registrants re-registrants (including re-entry).
- Non-renewals
- Location of principle/primary employment for practising physiotherapists
  General Hospital, Rehabilitation Hospital/Facility, Long Term Care, Industry, Worker’s Compensation Facility, Community Health Centre, Home Care Program (including public and private home care), Arthritis Society, Other Visiting Agencies, Paediatric Hospital/Facility, Psychiatric Hospital/Facility, Private Practice, Facility/School for Mentally Handicapped, Retail, Government/Official Agency, School Board, University/College, Other.
• Clinical area of practice
  Amputees, Cardiology, Neurology, Orthopaedics, Plastics, Palliative Care,
  Psychiatry/Mentally Handicapped, Prevention/Health Promotion, Respirology,
  Rheumatology, Burns, Sports Medicine, Gerontology, Obstetrics/Gynecology, General.
• Age category of clients of principal/primary employment for practising physiotherapists.
• Acuity of clients of principal/primary employment for practising physiotherapists.
  Acute, Rehabilitation, Long Term Care, Mixed
• Principal non-patient care activities
  Administration, Teaching, Sales, Consulting, Research, Other.
• Highest qualification for entry-level registration
  Diploma, Baccalaureate, Masters, Ph. D.
• Highest qualification
• Practice hours
  Number of hours equalling full time ‘work’ (i.e. max allowance work annually), maximal
  allowance for volunteer work, maximal allowance for continuing education, average number
  of full-time hours worked, average number of part-time hours worked, average number of
  full-time paid hours reported, average number of part-time paid hours reported.

The above information has not been systematically collected, described or analysed. Recently,
this information has been shared with the CIHI annually but, presently, very little analysis is
carried out and published. A review of the registration information collected by the provincial
physiotherapy regulatory bodies reveals that this information varies and is collected at different
times of the year. Presently, controls for quality and standard definitions of data are absent.
Also, inter-provincial tracking of members is not currently possible using these data and it is very
difficult to infer attrition, retirement rates or registrants moving into other areas of health care or
administration, or those choosing not to renew their license. These data exclude the potential
workforce not presently employed in the field, as well as those employed in the field with other
titles and those who are not registered.

ii. Canadian Physiotherapy Association

The Canadian Physiotherapy Association (CPA) is a voluntary national professional
organization, representing over 9,000 physiotherapists in Canada. CPA’s mission is to provide
leadership and direction to the physiotherapy profession, foster excellence in practice, education
and research and promote high standards of health in Canada.

Information collected by the CPA for membership purpose includes:
• Member demographics
  Name, address, telephone number, employer name and address.
• Personal Data
  Language preference (English/French), gender, birth date, title, date of physiotherapy degree,
  name of physiotherapy degree, school, names and dates of other degrees obtained, name of
  advanced physiotherapy degree obtained and school.
• Eligibility
  Canadian and non-Canadian graduated, proof of registration.
• Employment Settings
Hospital/Facility, WCB facility, university, private practice, community care, consulting form, industry, retail, other.

- **Areas of Responsibilities**
  Direct patient care, administration, consultant, research, sales, teaching, other.

- **Membership Categories**
  Full-time, part-time, inactive, graduate student, outside Canada.

- **Division adherence**
  Acupuncture, cardiorespirology, gerontology, neurosciences, orthopaedics, paediatrics, physiotherapy management, private practice, research, sports or women’s health.

As membership is voluntary, the information collected reflects only the number of physiotherapists that choose to become members. In Quebec, where 3,215 physiotherapists are registered (1999), most physiotherapists are not members of CPA, since many of CPA’s functions are carried out by the Quebec provincial regulatory body. If one does not include physiotherapists working in Quebec, the vast majority of Canadian physiotherapists (over 75%) are members of the CPA, and support the national professional organization’s mission and vision.

**iii. Job Futures**

Job Futures is an initiative of Human Resources Canada.²¹ It provides overviews of the labour market and general economic trends. It provides detailed information on all occupational groups and post-secondary fields of study, including physiotherapy and provides current and future labour market conditions for occupational groups. Each occupational profile includes information on:

- job duties and responsibilities;
- the level and type of education, training and experience required to find work in that occupational group;
- key labour market characteristics of the group, such as recent employment trends; distribution of workers by age; share of people working part-time, full-time, and self-employed;
- key sectors where workers in the group are employed;
- a range of earnings information;
- relative unemployment rates;
- current prospects of finding work; and
- prospects of finding work over five years.

This information is widely circulated and is intended for career/education professionals, teachers, parents, workers, unemployed persons and individuals re-entering the job market.

Information is obtained from CIHI and the CPA among other sources, and its validity and reliability is limited by the quality of data. As discussed in this paper, there are severe limitations with regards to the quality and quantity of information available in physiotherapy, making any inferences based on these data only partially accurate.
iv. Census Survey

By law, Statistics Canada must take a Census every five years, and every household in Canada must fill in a census form. The last Census was conducted in May 2001. Four out of every five households received the short form while the remaining one in five received a long-form questionnaire. The short-form included several questions concerning name, sex, age, marital status, family and household relationships and mother tongue. The long-form included these questions, plus additional fifty-two questions.

Census data provides point-in-time estimates of the supply of physiotherapists by occupational class, based on the Standard Occupational Classification – 2001. The information collected by the Census data has limitations. Since the Census is conducted every five years, analysis is limited to highlighting changes in the data between Census years. Only 1 in 5 households report on the occupational data, thus limiting the generalizability of findings. The data is also self-reported, affecting the quality of the data. The data can be used to establish the socio-demographic profile of an occupational group, but unfortunately do not lend themselves to longitudinal analyses. In addition, attrition rates from the profession cannot be estimated nor can average annual rates of change.

v. Labour Force Survey

The Labour Force Survey is a monthly survey involving approximately 50,000 Canadian households. The Survey provides current monthly estimates of total employment (including self-employment) and unemployment by industry including health, and by occupations such as physiotherapy based on the Standard Occupations Classification. The Survey classifies the working population (15 years and over) into three groups – employed, unemployed and not in the labour force – and provides descriptive and explanatory data for each of these categories. These data are adjusted to reflect 1996 Census population counts. Although the Survey provides detailed information, the sample is only a small proportion of the total supply of physiotherapists. The Survey excludes Nunavut, the Northwest Territories and the Yukon.

vi. Citizenship and Immigration Canada

This federal department collects information provided by the provinces on the annual number of landed immigrants by immigrant class, intended field of health occupations and by province. Data on temporary employment authorization can be obtained upon request.

B. Physiotherapist Support Workers

Information on physiotherapist support workers is mainly collected by the physiotherapist assistant educational programs. This group of workers is not well defined in the Standard Occupations Classification and therefore supply data from the Census survey or the Labour Force survey is not accurate.

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iv Adapted from Future Development of Information to Support the Management of Nursing Resources Recommendations.
i. Physiotherapist Assistants

The physiotherapist assistant education programs collect data on the enrolment of students and the type of employment upon graduation. These data are not systematically collected and are presently not used for human resource planning. Since these workers are not registered currently, it is impossible to determine the number of physiotherapist assistants working in physiotherapy services. Determination of the workforce mix is therefore presently difficult to assess.

ii. Physiotherapist Aides

This group of physiotherapy workers has been defined as follows: those physiotherapist support workers who have received on the job training; those with informal, generic or training less than one year full-time study that is physiotherapy-specific; or workers with degrees and diplomas in health-related or exercise-related areas who have no physiotherapy-specific training. Since this group of workers is not well defined and includes workers with varied backgrounds, it is difficult to determine their numbers. Yet, these workers are part of the physiotherapy workforce and have an impact on physiotherapy service delivery.

C. Health Service Delivery and Physiotherapy Use of Health Services

Several surveys are currently used to determine the use of public health services by occupation, including physiotherapy. However, specific physiotherapy workload measurements are limited and data in this area are incomplete. The following surveys provide some information on physiotherapy services including the Annual Hospital Survey, the Residential Care Facilities Survey (RCFS), the Service Recipient Cost Database (SPCDB), and the Hospital Discharge Abstract Database (DAD).

Significant gaps exist in the information currently available on the scope of rehabilitation services in Canada and on patient outcomes. Therefore, CIHI is undertaking a project entitled, “Adult Inpatient Rehabilitation Services, National Indicators and Reporting System”, to develop a core set of priority indicators to support the evaluation of inpatient, facility-based rehabilitation services at the provincial/territorial/regional levels. The specific objectives of this project are:

- To obtain agreement on priority indicators of inpatient, facility-based rehabilitation services;
- To identify data needed to support indicators, using standardized data definitions and elements;
- To develop and promote outputs/reports; and
- To develop a national database and reporting system for adult inpatient services.

V. PHYSIOTHERAPY HUMAN RESOURCE INITIATIVES ACROSS CANADA

Several physiotherapy human resources initiatives have been carried out across the country or are currently in progress. However, efforts are fragmented and are carried out in the absence of a national physiotherapy human resource-planning framework. The following is not an exhaustive list of all initiatives carried out, but provides an overview of the kinds of work carried out.
A. British Columbia

The Health Human Resources Unit (HHRU) at the University of British Columbia (UBC) was established in 1973 by the BC Ministry of Health. It now functions as part of the Centre for Health Services and Policy Research at UBC. It maintains the Cooperative Health Human Resources Database in conjunction with professional licensing bodies and associations. The Unit also produces regular status reports that provide a basis for in-depth studies for HHR planning. It also conducts specific projects pertaining to the management of health human resources at local, regional and provincial levels.

Recently HHRU has undertaken a rehabilitation workforce study. The supply side analysis for the last ten years was published recently, and the demand analysis is presently in progress. This report (based on data from the provincial physiotherapy regulatory body) is very rich and reports in detail on physiotherapists employed in the field, sources of change in the supply of physiotherapists (new registrants, reactivations and attrition) and provides a stability analysis. The study reports an ageing workforce and a decrease in the proportion of physiotherapists working in a hospital setting and an increase in the proportion of physiotherapists working in the private practice setting. British Columbia’s dependence on graduates from outside the province (39%) and those outside the country (30%) is demonstrated. The number of physiotherapists per 10,000 varies widely across the province. Physiotherapists younger than 35 years of age and older that 50 years of age were found to be less “stable” in their number of registrants with the provincial regulatory body. The study also reports other significant findings regarding employment characteristics.

B. Integrated Health Human Resources

The Canadian Physiotherapy Association, along with the Canadian Association of Occupational Therapists, Canadian Dietetic Association and the Canadian Nurses Association was part of the Health Human Resources Development Group in 1995. The group undertook the development of a framework for integrated health human resources. Several documents were published including a proposed framework for an interdisciplinary clinical data set and an inventory of human resource activity in Canada.

C. Physiotherapy in Manitoba

The Manitoba Branch of the Canadian Physiotherapy Association carried out a membership survey in 2000 to gather salary, as well as recruitment and retention information affecting physiotherapists in Manitoba. Key differences were noted in responses between physiotherapists working in public service versus those working in private practice, especially with regard to satisfaction with overall work environment. Those working in the public service sector were notably more dissatisfied in this area. The majority of physiotherapists were dissatisfied with their salaries relative to salaries of physiotherapists in other provinces and relative to other professions with similar responsibilities. Dissatisfaction was expressed in the areas of opportunities for advancement (75%), continuing education (>50%), caseload demands (67%) and program management model (88%). This last result was pertinent for public service physiotherapists only. The top three reported factors that would reportedly increase respondents’
job satisfaction included increased salaries, better physiotherapist working environments and increased support for continuing education. The top three factors that would influence their decision to stay in Manitoba include increased salaries, increased continuing education and increased opportunities for career advancement. Almost 55% of physiotherapists reported considering practicing in another province.

This survey demonstrates the high level of dissatisfaction among Manitoba’s physiotherapists. The results conclude that, in order to continue to provide high-level physiotherapy service to all Manitobans, the key issues mentioned above need to be addressed.

D. Quebec

In Quebec, the Ministry of Health and Social Services has initiated HHR planning for several health professions, most recently for professionals working in physical rehabilitation. It includes an action plan for the recruitment of physiotherapists in order to meet the projected demands, taking into account current attrition rates and the supply of new graduates. The report is currently being finalized and will be available in the spring of 2002.

E. Alberta

The College of Physical Therapists of Alberta prepared a document pertaining to access and funding of physiotherapy services in Alberta. Since access to physiotherapy services has become a complex issue, the document outlines how to access physiotherapy services and provides an understanding of the funding options and client’s payment responsibilities.

F. Canadian Home Care Human Resources Study

The first phase of the Canadian Home Care Human Resources Study revealed an increased demand for home care services. Home care agencies increasingly rely on physiotherapists to provide care and to instruct home care staff on the provision of rehabilitation care.

VI. OVERVIEW OF HUMAN RESOURCE PLANNING INITIATIVES IN OTHER PROFESSIONS

A. Nursing

In 1999, professional nurses’ organizations, unions and employers entered discussion with federal, provincial and territorial governments, and HRDC on nursing human resources issues. This was in response to the belief that nursing HHR planning had taken place in the past mainly at a government level, and reflected only short-term planning initiatives. Nursing stakeholders felt it was time to provide a more sustainable workforce for the future. A national roundtable of stakeholders in nursing was held that year that included consumers and educators, as well as the above mentioned stakeholders. It was agreed that, for effective future nursing human resource planning, policy and decision-makers needed evidence-based information.
In November 1999, a report on the current labour market in Canada was published, which included the three regulated nursing occupational groups – licensed practical nurses (LPNs), registered nurses (RNs) and registered psychiatric nurses (RPNs). Issues covered included the dynamics of the nursing labour market, factors influencing supply and demand, and the impact of the current health care system transformation on the role of the three regulated occupational nursing groups. The report identified knowledge and information gaps, as well as other nursing issues that needed to be addressed.

The nursing stakeholders endorsed a Nursing Sector/Occupational Study that would more fully investigate the knowledge, skills and abilities that will be required to position nursing to meet the future health needs of Canadians. The study would be a critical step in developing a long-term strategy to address nursing human resources issues. The goal of the two-year study presently underway is to produce an integrated labour market strategy for the three regulated nursing occupational groups.

Funding for the sectors study was received in November 2001 from HRDC. The project will take place in two phases. The first phase consists of fifteen research steps. Research questions in fifteen areas will provide information that will identify some of the information gaps. Areas to be explored include: the influence of technology, inter-provincial mobility patterns, evaluation of the education capacity, employer issues, nursing group issues, student motivators and barriers to entering the profession etc. Once these gaps are identified, phase 2 of the project will take place. This will be a Delphi-format workshop or roundtable that will identify the human resources strategies that should be undertaken for the nursing profession.

B. Physicians

The Royal College of Physicians and Surgeons of Canada has been considering alternatives to traditional quantitative methods of human resource planning and has partnered with members of the Canadian Medical Forum (CMF) to change traditional planning.

As the first step, CMF Task Force I, focused on an immediate response to shortages in certain specialties, and in certain parts of the country. The Forum acknowledged that additional actions were needed to address how care will be provided in the longer term. CMF Task Force II: Models of Delivery of Health Care was created to address these issues.

Given the scope of Task Force II, the CMF sought funding from HRDC for a 3-year study on physician human resources issues. The project has since expanded its scope and has become Task Force Two: A Human Resource Strategy for Physicians in Canada. The three objectives set for the task force are to:

- examine a range of existing and emerging models for the delivery of medical care; and
- assess the longer-term implications of various models on physician supply and training;
- develop options for a long-term human resource strategy for physicians that are sensitive to Canada’s provincial and territorial realities.
Under the terms of funding, the project is headed by a steering committee, the composition of which includes CMF member organizations and representatives from the nursing sector study, the Society of Rural Physicians of Canada, the public, and other health professionals.

Task Force II consists of two parts that are expected to provide a comprehensive situational analysis of the current physician workforce in Canada. The first part is entitled: *Physician Workforce in Canada: Literature Review and Gap Analysis* and the second is entitled: *Assessing New Models for the Delivery of Medical Services: Inventory and Synthesis*. The first project will focus on physicians' practice environment, profile of the physician workforce of today (including trainees), demand for physicians, supply of physicians, evolving role of physicians, education and training for physicians, technology impact on, human resource issues, and sector initiatives.

The objective of the second project is: “To develop an inventory and synthesis of new and emerging models for the delivery of health care services drawn form: (1) the literature related to this subject, and (2) from actual examples of such models that are not readily documented in the literature. This will require an investigation of pertinent Canadian and international experiences with new and emerging models for the delivery of medical services”.

C. Occupational Therapy

The Canadian Association of Occupational Therapists (CAOT) has recently undertaken and published results of a survey of the education, supply and demand of occupational therapists in Canada based on traditional quantitative supply reporting currently available. CAOT found wide variations in the distribution of occupational therapists across the country. Between 1991 and 2000, the number of active occupational therapists increased by 62%, but shortages of occupational therapists are still reported across the country. The average ratio of occupational therapists in Canada per 100,000 rose from 25.5 in 1996 to 30.9 in 2000.

The report states that occupational therapists are changing employment settings. Many are now self-employed or have changed from institutional to community based practice. Also, funding from insurance companies, private individuals and corporate business has increased between 1995 and 2000. CAOT reports a decrease in the number of members, 45 years of age or older, with another decline after age of 55. This reflects the fact that members appear to leave this role as occupational therapy clinicians after twenty to thirty years of service.

Presently, there are twelve occupational therapy programs in Canada. The annual number of graduated increased from 379 in 1991 to 583 in 2000. Since the mid-1970's, graduates have received a baccalaureate degree in occupational therapy. CAOT reports that the number of applicants for Canadian occupational therapy educational programs has decreased over the last six years. Entry-level requirements for occupational therapists are changing as reflected below:

*The Board of Directors of the Canadian Association of Occupational Therapists (CAOT) announced on November 8, 2001 that a professional Master’s degree would be the minimum entry requirement to the profession in Canada as of 2010. Effective 2008, CAOT will only grant academic accreditation to those*
occupational therapy educational programs that lead to a professional Master’s degree in occupational therapy as the entry credential.\textsuperscript{35} CAOT is currently in the process of developing a Human Resource Study in Occupational Therapy. Additionally, CAOT plans to identify existing workforce studies used to establish demand and supply needs for occupational therapists. The association also plans to work with provinces to determine meaningful supply requirement levels and to work with the universities to determine potential strategies to increase the education capacity.

D. Audiology/Speech Language Pathology

The Canadian Association of Speech Pathologists and Audiologists is currently undertaking a project to determine caseload measurements for its members as a first step in human resources planning for this profession. Provincial initiatives in human resource planning have taken place and the Ontario Association of Speech Pathologists and Audiologists have recently published their workforce planning report.

E. American Physical Therapy Association

The American Physical Therapy Association has been conducting a series of surveys to identify trends in employment patterns for physiotherapists.\textsuperscript{36} These surveys serve as comparison against previously collected data since 1998. They report the lowest unemployment rate (1.1%) since data collection began.

The recent employment surveys were initiated because of the anecdotal evidence of decreased employment opportunities and a reduction in the number of hours of physical therapists practice, brought about by the Balanced Budget Act (BBA) in 1997. In efforts to cut federal spending and balance the federal budget, the BBA involved restructuring of the Medicaid and Medicare programs. Concerns regarding the apparent reduction of salaries since the BBA have abated, as salaries appear to have increased as reported in the 2001 Practice Profile. An increase in salaries after adjustment of inflation was noted for the first time since 1996.

The APTA has no further survey scheduled for 2002, but will continue to monitor the situation. No formal health human resources planning initiatives are under way at the moment.

VII. RECOMMENDATIONS

To date, little long-term physiotherapy human resource planning has taken place. Those initiatives that have been carried out are fragmented and limited in scope. These efforts also have not addressed planning for a sustainable physiotherapy workforce for the future to meet the needs of Canadians and reflect a lack of national framework. Additionally, it is recognized that there is a need for long-term planning that is integrated with that of other primary health care professions. Further, effective planning, policy development and decision-making in this area need to be based on evidence-based information. Currently, gaps exist in physiotherapy health
human resources data collection. Similarly, there has been a lack of analysis of such data on a national basis.

**It is recommended that a national physiotherapy human resource planning initiative be undertaken to ensure an adequate supply of physiotherapists for the next twenty years to meet the health care needs of Canadians.** It is proposed that this process take place in three phases.

Appropriate stakeholder input, including representation from the professional association, provincial regulators, educators, students, federal, provincial and territorial governments, employers and consumers will be sought for all phases of the physiotherapy human resources initiative.

**PHASE ONE:**

In phase one, a national physiotherapy occupational analysis will be carried out to identify information gaps and factors that have an impact on physiotherapy human resource planning. It will include the following areas:

1.1 **Supply/Demand Analysis**

   **An analysis of the supply of physiotherapists and the present and future need for physiotherapy services across Canada**

   The analysis of the supply of physiotherapists will include (but will not be limited to) an analysis of the educational capacity of Canadian university physiotherapy programs (including the need for faculty development), an analysis of the impact of the change to entry-level master’s education, and the profiling of physiotherapy students. The analysis of current and future need for physiotherapy services will include elements such as the analysis of the work performed by physiotherapists and physiotherapist assistants, including accurate and meaningful workload measurements, and assessment of the physiotherapy health needs of the Canadian population.

1.2 **National Physiotherapy Database**

   **An analysis of the data required for a comprehensive national database to be developed and maintained on an ongoing basis, for physiotherapy human resource planning and research.**

   This in-depth analysis should determine what the information gaps are in current physiotherapy data collection, who is currently collecting data and who should be involved in collecting accurate and meaningful data that will be used for human resource planning and research. In addition, it needs to be determined what interpretations and analyses need to be carried out and who should be performing these.
1.3 Labour Market Analysis

A labour market analysis, including an examination of inter-provincial mobility and immigration.

1.4 Health Care Reform

An analysis of the impact of the current health care system changes on the role of physiotherapists.

This would also include an analysis of the impact of technological advances on physiotherapy practice and a review of the modeling methods that can be used to project physiotherapy human resource requirements, providing different health care delivery models.

PHASE TWO

Development of a national physiotherapy database with valid and reliable data elements that are standardized across the country. This will provide a national framework for physiotherapy human resource planning. This database would build on existing data, but would be designed specifically for human resource planning and research.

PHASE THREE

Development of a national physiotherapy human resource planning initiative for the provision of ongoing physiotherapy human resources that would meet the health needs of Canadians. This initiative would be integrated with human resource planning initiatives of other health care providers. It would involve participation from representatives from physiotherapy stakeholders and representatives of other health care professions.
APPENDICES
## APPENDIX 1
### Entry-Level Physiotherapy Programs 2002

<table>
<thead>
<tr>
<th>University Physiotherapy Program</th>
<th>Degree Offered</th>
<th>Academic Prerequisites</th>
<th>Number of Students accepted</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of BC</td>
<td>Bachelor of Science in Physical Therapy</td>
<td>- First year of university (30 credits); including English, Psychology, Chemistry, Biology, Statistics and Physics (or university-level Physics).</td>
<td>36</td>
<td>Three Years</td>
</tr>
<tr>
<td></td>
<td>Master’s entry-level program to start in Sept 2004</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>University of Alberta</td>
<td>Master’s in Physical Therapy (note: no applicants in 2002, first MPT students will be accepted in September 2003)</td>
<td>- Completion of a baccalaureate degree with a grade point average of at least 6.5 in the most recent 60 credits &lt;br&gt; - Prerequisite Courses: English (6 credits), Statistics (3 credits), Psychology (6 credits), Human Anatomy (3 credits), Human Physiology (6 credits) &lt;br&gt; - A performance-based interview score.</td>
<td>72</td>
<td>Two years</td>
</tr>
<tr>
<td>University of Saskatchewan</td>
<td>Bachelor of Science in Physical Therapy</td>
<td>- Two years (60 credit units) of pre-physical therapy studies. The pre-physical therapy program consists of the following university courses or their equivalents: &lt;br&gt; - (1) BIOL 110.6, (2) CHEM 111.3 and 251.3, (3) ENG 110.6 or any two of ENG 111.3, 112.3, 113.3, 114.3, (4) PHYS 111.6, (5) PHYS 212.6, (6) PSY 110.6, (7) 9 credit units in humanities or social sciences, (8) 3 credit units in statistics*&lt;br&gt;l, (9) 12 credit units of academic electives &lt;br&gt; * PL SC 314.3 or STATS 245.3 is recommended.</td>
<td>30</td>
<td>Three years</td>
</tr>
<tr>
<td>University of Manitoba</td>
<td>Bachelor of Science in Physical Therapy</td>
<td>- 1 year university education and successful completion of the following courses: introductory biology, psychology, sociology and a 3-credit course on written English</td>
<td>50</td>
<td>Three Years</td>
</tr>
<tr>
<td>University of Western Ontario</td>
<td>Master’s in Physical Therapy</td>
<td>- Four-year baccalaureate degree or equivalent &lt;br&gt; - 50 hours of volunteer or paid work &lt;br&gt; - pre-requisite courses: English (full), Human Physiology (full), General and Introductory Biology (full), statistics (half), social sciences (half), liberal arts (half)</td>
<td>44-48</td>
<td>Two years</td>
</tr>
<tr>
<td>McMaster</td>
<td>Master’s of Clinical Health Sciences, Physiotherapy (M.C.HS. PT)</td>
<td>- Four-year baccalaureate degree or equivalent &lt;br&gt; - Courses in biological or life sciences and social science or humanities course</td>
<td>51 domestic and 6 international</td>
<td>Two Years</td>
</tr>
<tr>
<td>University of Toronto</td>
<td>Master’s of Science in Physical Therapy M.Sc. (PT)</td>
<td>- Four-year baccalaureate degree or equivalent &lt;br&gt; - At least two full course equivalents in Life and/or Physical Sciences (one full course equivalent of these two courses must be a human/vertebrate physiology course) and at least one full course equivalent in the Social Sciences, Humanities or Languages and a half course equivalent in Statistics. &lt;br&gt; - Computer Administered Profile (CAP). &lt;br&gt; - Autobiographical History.</td>
<td>53 (2001)</td>
<td>Two Years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>55 (2002)</td>
<td></td>
</tr>
<tr>
<td>University Physiotherapy Program</td>
<td>Degree Offered</td>
<td>Academic Prerequisites</td>
<td>Number of Students accepted</td>
<td>Duration</td>
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</tbody>
</table>
| Queen’s University              | Bachelor of Science in Physical Therapy B.Sc. (PT) | - One full year of University (5.0 credits) which must include the following:  
   - Two full credits in Social Sciences* or Humanities** at the first year level (or higher) of which at least one credit must be Introductory Psychology  
   - Two full credits in General/Basic Medical Sciences*** or Math at the first year level (or higher). One half credit course in Introductory Statistics. In addition, the highest Secondary School level of all of the following: Biology, English, Physics or Math | 45 | Three Years |
| University of Ottawa*           | Bachelor of Science in Physiotherapy B.Sc. (PT) | - Highschool:  
   - OAC calculus, algebra and geometry, finite mathematics, biology, chemistry, physics  
   - Or new high school curriculum  
   - One grade 12 4U mathematics, biology 4U, chemistry 4U and physics 4U  
   - For both: Linguistic competency test (bilingualism required) | 60 | Four Years |
| McGill University               | Bachelor of Science in Physical Therapy B.Sc. (PT) | - CEGEP diploma in Health Sciences or equivalent to include two Biologies, two General Chemistries, one Organic Chemistry, three Physics and two Calculus | 60 | Three Years |
| Dalhousie University            | Bachelor of Science in Physiotherapy B.Sc. (PT) | - at least one year of university education  
   - Five full classes (30 credit hours), or their equivalent, comprising two full science classes (Physics plus Chemistry or Biology), one full social science class (Psychology, or Sociology or Social Anthropology), one half course statistics class, and 1/2 electives. One full credit from these courses must fulfill a writing requirement. | 48 | Three Years |
| Université Laval*               | Baccalauréat en physiothérapie | - Être titulaire du D.E.C. intégré en sciences, lettres et arts  
   - OU être titulaire du D.E.C. en sciences de la nature et avoir réussi les cours ou avoir atteint les objectifs suivants : Biologie 401 (objectif: OOXU); Chimie 202 (objectif: OOXV)  
   - OU pour les titulaires du D.E.C. en techniques de réadaptation, avoir réussi les cours ou avoir atteint les objectifs suivants : Mathématiques 103 (objectif: OOUN); Chimie 101 et 201 (objectifs: OOUL et OOUW)  
   - OU pour les titulaires d’un autre D.E.C., avoir réussi les cours ou avoir atteint les objectifs suivants : Mathématiques 103 et 203 (objectifs: OOUN, OOUP); Physique 101L, 201 et 301 (objectifs: OOUR, OOUS, OOUT); Chimie 101, 201 et 202 (objectifs: OOUL, OOUM, OOXV); Biologie 301 et 401 (objectifs: OOUK, OOXU). | 70 | Trois ans |
| Université de Montréal*         | Baccalauréat en Physiothérapie | - Être titulaire du diplôme d'études collégiales (DEC) intégré en sciences, lettres et arts ; ou  
   - Être titulaire du diplôme d'études collégiales (DEC) en sciences de la nature et avoir réussi les cours ou atteint les objectifs du bloc 5.01 ou l'équivalent ; ou  
   - Être titulaire de tout autre diplôme d'études collégiales (DEC) ou faire la preuve d'une formation scolaire équivalente et avoir réussi tous les cours ou atteint les objectifs du bloc 10.11 ou l'équivalent, à l'exception du cours Chimie 201 ou objectif OOUW ; ou  
   - avoir atteint l'âge de 21 ans et posséder des connaissances et une expérience appropriée à ce programme et avoir réussi tous les cours ou atteint les objectifs du bloc 10.11 ou l'équivalent, à l'exception du cours Chimie 201 ou objectif OOUW. | 54 | Trois ans |

* language of instruction is French
APPENDIX 2

Vision for Entry-Level Education for Physiotherapists in Canada

Physiotherapy is an essential and fundamental element of health services for Canadians.

The health services environment and needs of Canadians continue to change in complexity. The physiotherapy profession is responsive to this change, as well as other change factors including new knowledge, advances in technology, and an increasing variety of practice settings. As physiotherapy practice is evolving, the required knowledge, skills and behaviours of physiotherapists are increasing in complexity. As a result, it is critical that the education of entry-level physiotherapists in Canada also evolves to ensure that physiotherapy graduates are able to meet the challenges of the future.

University programs, regulators, accreditors of education programs and the professional association each have related yet distinct roles in entry-level education for physiotherapists. Delegates from these groups met together in June 2001 to discuss a preferred vision for entry-level physiotherapy education in Canada. The following summarizes the consensus reached:

The preferred entry-level educational qualification for Canadian physiotherapists, to practice physiotherapy, is a professional master's degree. vi

By 2010, or sooner, Canadian universities will offer entry-level education programs in physiotherapy only at the level of a professionals master's degree.

Presently, Canadian universities offer entry-level education programs in physiotherapy at either a baccalaureate or a professional master’s level. The preferred future, however, will be a professional master's degree. The transition will occur at all Canadian university physiotherapy programs as they are able to design and implement quality entry-level professional master's degree programs.

University programs, regulators, accreditors of education programs and the professional association will work collaboratively to achieve this vision.

The next step to realize this vision will be to consult further with the physiotherapy community, while continuing to offer quality physiotherapy services to Canadians.

v The terms physiotherapist and physical therapist and physiotherapy and physical therapy are considered synonyms and can be used interchangeably.

vi A professional master's degree is a master's degree that is conferred upon completion of an education program that prepares the graduate to practice as an entry-level physiotherapist.
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