



HSA Research Examines Widespread Staffing Shortages, Erosion of Public Rehab Care

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A new report released today by the Health Sciences Association provides the first comprehensive assessment of the state of public rehabilitative care in BC.

The report's findings paint a troubling picture of severe staffing shortages, a lack of services in many communities, and long wait times for patients and clients, including children and their families.

We're Chronically Understaffed: A Report on Public Rehabilitative Care in BC draws on statistical data and interviews and focus groups with HSA members who provide frontline care for patients requiring therapy from debilitating illness, chronic disease, injury or recovering from surgery.

Rehabilitative care includes physiotherapy for strength and to enable movement, occupational therapy for the skills necessary for everyday living, and speech and language therapy for communication and swallowing.

Forty-four percent of adults 20 and older have at least one of ten common chronic conditions, which increases to 73 per cent of adults 65 and older. Many of these chronic diseases are preventable or manageable with the appropriate therapy and support. COVID-19 has also increased the need for therapy for patients suffering from acute illness and Long COVID.

However, many British Columbians, lack access to rehabilitative care that can help them recover from COVID-19, avoid developing other debilitating chronic diseases or help self-manage conditions that can lead to hospitalization or require surgery. Improving public access to rehabilitative care will go a long way in addressing health equity.

KEY FINDINGS

- Real per capita funding for hospital diagnostic and therapeutic care in BC declined from \$232 to \$217 between 2005/06 and 2018/19.
- Access to public rehabilitative care stagnant or declining in most regions due to inadequate funding, understaffing, and privatization.
- Low baseline staffing levels constrain BC's ability to meet the public rehabilitation needs of a growing population:
 - 17 full-time equivalent (FTE) public physiotherapists per 100,000 British Columbians
 - 19 FTE public occupational therapist per 100,000 British Columbians
 - 5 FTE public speech-language pathologist per 100,000 British Columbians
- BC has the second-highest number of physiotherapists per capita practicing compared to other provinces, and yet the fewest working in the public sector among provinces with available data.
- Shortages undermine care quality as frontline therapists are unable to work to their full scope of practice and have adequate time with patients.
- Chronic unfilled vacancies are sometimes used to justify funding cuts. Rehab services are left with more severe staffing shortages and, as caseloads increase, more therapists leave the public system.
- BC is not training enough rehabilitation therapists. BC falls far behind other provinces when it comes to in-province training and retention of professionals trained here.
- There are limited or no opportunities for clinical leadership and career advancement for therapists in health authorities.
- Outpatient rehabilitation is limited or non-existent in most communities. The erosion of public rehabilitative care and outpatient closures is the result of inadequate funding and staffing levels as

demand for therapy grows.

- Public pediatric therapy services provided by Child Development Centres are understaffed and have long wait times.
- Low compensation in the public sector means new graduates are attracted to private practice for the combination of smaller caseloads and higher compensation in a province where the cost of living is very high.
- Public practice therapists are deeply committed to their patients, teamwork, and public health care.

These challenges have been acknowledged by government and employers, and while some positive action has been taken, much more must be done.

The staffing shortages crisis is taking a toll on both patients and frontline professionals. In a 2021 survey of HSA members, 41 per cent told us they are considering leaving public practice due to unmanageable workload.

With an aging population, increasing demand for musculoskeletal care and pain management, and the acute and post-acute rehabilitation required for COVID-19 patients, public rehabilitative care is needed now more than ever.

And yet, BC faces widespread understaffing and professional shortages, a lack of services in many communities, and long wait times. It is placing a greater burden on emergency services, acute and long-term care because patients do not have access to preventative therapy in the first place.

RECOMMENDATIONS

1. Immediately address professional shortages and increase clinical leadership opportunities in the public sector.
 - Fill existing vacancies, and increase baseline staffing levels in order reduce workload.
 - Provide market wage adjustments as a strategy to recruit and retain.
 - Provide provincial funding for province-wide and health authority-directed recruitment initiatives.
2. Increase post-secondary training opportunities for rehabilitation professionals.
 - Increase training spaces for physiotherapy, occupational therapy, and speech-language pathology.
 - Introduce public practice streams with tuition remission for return-of-service to encourage recruitment into the public sector.
 - Review current curriculum and program design through a health equity lens so that it encourages recruitment into the public sector.
3. Rebuild public outpatient rehabilitative care across the province.
 - The Ministry of Health, health authorities, and Ministry of Children and Family Development, in partnership with HSA and the HSPBA, should work to develop a provincial plan to rebuild public outpatient services in the province, starting immediately with expanding services at hospitals and Child Development Centres by filling vacancies and increasing baseline staffing (see above recommendations).

The [executive summary](#) and [full report](#) are available to download from the [HSA website](#).

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