PABC’s Perspective on

PHYSIOTHERAPY IN PUBLIC PRACTICE TODAY
The goal of physiotherapy is to maintain and improve functional independence; prevent and manage pain, physical impairments and disabilities; and promote fitness, health and wellness. Physiotherapists have accumulated a wealth of evidence supporting the benefits of their interventions and are recognized as the primary rehabilitation professional in the health care system.

Despite this recognition, however, public practice physiotherapy services in BC are being eroded due to several challenges, including system resource decisions that adversely affect practice conditions, and a chronic physiotherapy shortage.

This position paper offers recommendations to address these urgent challenges. The paper is based on three recent workplace satisfaction surveys conducted by the Physiotherapy Association of BC (PABC)'s Public Practice Advisory Committee (PPAC) among hospital, paediatric and home health physiotherapists (see executive summaries in Appendices 1-3). Expert groups were formed to review the survey finding (response rate: 45-60%) and identify the essential practice changes that have occurred over the past five years. They recognized that while each practice area was unique, their essential themes can be summarized into two high priority issues requiring urgent resolution:

1. Demand and Supply: The need for an increasing supply to meet the demand for physiotherapists.
2. Involvement in Health Care Planning: The need for involvement of physiotherapists in provincial health care policy and funding decisions.

PABC's perspective of physiotherapy in public practice today is based on these two essential findings from the three surveys, providing specific recommendations to create an environment to support continued best practices by publicly funded physiotherapists, which in turn will result in improved health care outcomes for all British Columbians.

1. DEMAND AND SUPPLY
The increase in demand for physiotherapy services can be attributed to a growing and more challenging patient demographic and increased complexity in patient profile, as well as increased awareness of the benefits of physiotherapy intervention among the health care team and the public. As far as supply, the World Health Organization acknowledged (World Health Organization,) that there is “chronic global shortage of health workers, as a result of decades of underinvestment in their education, training, salaries, working environment and management.” Both sides of this coin are explored below.

Demand
More patients, sicker patients
Population growth in British Columbia has been on a significant and steady rise. Demographic data indicate that international immigrants choose BC as their place of residence only second to Ontario and that BC has had the highest inter-provincial migration in recent years (Statistics Canada, 2006). This increase in population for BC has not been matched per capita by an increase in physiotherapists.
While our population is rising, it is also aging. As of 2006, British Columbians have the highest life expectancy in Canada (Statistics Canada, 2006). This combination results in an ever-increasing complex patient profile.

The increase in complexity of patients was a consistent theme in the findings reported in all three public practice surveys. There are three factors contributing to this complexity:
1) The increase in acuity of referred patients;
2) The rising prevalence of co-morbid conditions in referred patients (the presence of one or more pathological or disease processes in addition to the primary disease or disorder being treated);
3) The chronic nature of many conditions with which patients present.

More awareness, more demand
The success of physiotherapy treatment in achieving functional outcomes has resulted in an increased awareness in the general population about the benefits to be gained by personalized rehabilitation intervention. Self-referrals to both private and public practices have increased referral rates over time. Referral rates to public sector physiotherapy services also increased as a result of the de-listing of physiotherapy services from BC’s Medical Services Plan in 2002, however the capacity to provide treatment has decreased due to the closure in 2002 of outpatient services. As well, improved interdisciplinary team models within the public practice sector has increased other health professionals’ understanding of the role of physiotherapists and the positive impact of physiotherapy intervention in achieving patient and health care system goals. All these factors are expected to contribute to further increases in the demand for skilled physiotherapy services, thus continuing the trend towards a higher demand than supply of physiotherapists.

Increased workload for physiotherapists
As the patient profile becomes increasingly complex and the aging population continues to grow, the demands on physiotherapists’ time is being challenged by various non-clinical factors. These include, but are not limited to, time required for indirect services such as arranging for patient-specific adaptive equipment, arranging community resources, travel to/from the patient, case management, documentation, tracking statistics and other administrative duties. These essential duties compete with direct hands-on therapy time required to achieve positive patient and system outcomes. The diverse requirements and time constraints have raised concerns in public physiotherapy practice about an alarming shift towards limited hands-on treatment and little or no time for prevention and education. When intending to delegate aspects of physiotherapy interventions to support workers, physiotherapists report that in many cases skilled workers are not available. The College of Physical Therapists of BC Clinical Practice legislation requires that physiotherapists only delegate aspects of practice to skilled non-therapists who have the experience necessary to carry out the task (College of Physical Therapists of BC, 1996). Physiotherapist Assistants (PTA) and rehabilitation support workers are the appropriate skilled group to work under physiotherapist supervision.

Supply
Vacancies
Despite the increasing demand for physiotherapy services, capacity has been dwindling over the past five years. Reduction in full time equivalent positions in many public sector settings, high vacancy rates, high retirement rates, decreasing job satisfaction, and a lack of
commitment to increase the number of new physiotherapy graduates (at UBC) have contributed to this situation. The 2006 Physiotherapist Demand Analysis Report conducted by Interior Health Authority (Appendix 4) projects a potential demand to hire 17% to 24% of the total 263 Physiotherapist employee pool on an annual basis from 2007 to 2010 in order to keep existing staffing levels. This analysis takes into account naturally occurring exits, assumes 60 as the expected age of retirement and is based on the assumption that there will be no overall program additions or cuts. Other health authorities face the same issue. In fact, CIHI published a Health Personnel Database which shows that British Columbia had only a 14% increase in registered physiotherapists from 1995 to 2004 compared with an increase of 42% for Alberta.

Over the last five years, there has been some commitment by the provincial government to increase FTE’s in high profile areas such as Home Health Services (in response to the trends towards earlier discharge from hospital, de-institutionalization, increasing assisted living and maintaining seniors at home). Unfortunately, hospital acute care, outpatient and rehab departments, and pediatric service sectors have reported reductions in both regular FTE positions and relief staff funding. A lack of physiotherapy representation at upper management decision tables may be partially responsible for this trend. The benefit of physiotherapy intervention on improving patient outcomes, system utilization and fiscal outcomes needs to be advocated for when decisions regarding resource allocation are being made. Without this advocacy at this level of decision-making, the impact of declining levels of physiotherapy services on patient and system outcomes is often not considered.

Recruitment
Recruitment into the public sector is challenging as demonstrated by the consistently high vacancy rates for publicly funded physiotherapist positions. There are approximately 100 vacant postings throughout BC at any one time. This number rises to 180 when private practice postings are considered. The low number of graduating physiotherapists in BC is responsible for the high number of vacancies. Prior to 2006, each year, the UBC School of Rehabilitation Sciences graduated 32 new physiotherapists; the new Master’s entry level program has raised that number to 40. Typically, 12% of new grads leave the province upon graduating. The majority of remaining new grads enter private practice, leaving only a small number available for public practice positions. Specifically, an annual average of only 12 new graduates over the last five years has entered public practice.

Recent polls and surveys also predict that a high percentage of practicing physiotherapists working in the public sector will soon be reaching retirement age. The pediatric sector alone predicts that one third of practicing physiotherapists will retire within the next five years. When UBC was compared to the national average, it was found that all other Schools of Physiotherapy in Canada produce new graduates at nearly three times the rate per capita than UBC.

Comparison of Physiotherapy Seats in Universities across Canada

<table>
<thead>
<tr>
<th>Universities</th>
<th>BC</th>
<th>SK</th>
<th>NS</th>
<th>AB</th>
<th>MB</th>
<th>QB</th>
<th>ON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy Seats</td>
<td>40</td>
<td>30</td>
<td>48</td>
<td>80</td>
<td>50</td>
<td>170</td>
<td>265</td>
</tr>
<tr>
<td>Student / Population</td>
<td>1 / 2600</td>
<td>1 / 1100</td>
<td>1 / 1000</td>
<td>1 / 500</td>
<td>1 / 460</td>
<td>1 / 260</td>
<td>1 / 175</td>
</tr>
</tbody>
</table>
In order just to keep up with the national average without even addressing the current vacancy rates in the BC public sector, enrollment at UBC should increase to a minimum of 150 funded seats annually.

Job Satisfaction
As a result of the changes that have occurred in the physiotherapy profession in BC hospitals in the past five years, physiotherapists have reported a decrease in their job satisfaction. Workplace stressors such as overwhelming workload, uncertainty in healthcare restructuring and job security, lack of opportunities to provide input to program decisions, loss of funding for professional development, lack of adequate numbers of physiotherapist assistants, lack of time for hands-on treatment, lack of opportunities for job advancement, and lack of mentorship opportunities have been identified as contributors to decreased job satisfaction. This is of great concern to our profession, particularly when considering the significant work that must be done in order to recruit and retain qualified staff to the public health care system. Issues contributing to job satisfaction need to be addressed in order to relieve the pressures of low supply in the public sector.

2. INVOLVEMENT IN HEALTH CARE FUNDING AND PLANNING
Physiotherapists providing public services to British Columbians report that currently there are no opportunities for them to be active participants in high level health care planning. Two areas were identified as requiring increased physiotherapist involvement: rehabilitation funding decisions, and provincial and regional health care planning and policy development.

Increased Physiotherapy Involvement in Funding Decisions
The absence of physiotherapists at funding tables, where decisions are currently made through nursing and medicine perspectives, is partly responsible for the trend towards budget freezes and cuts to physiotherapy programs. Physiotherapists must be represented in order to advocate for the benefits to be gained by directing a proportion of health care dollars to provide adequate levels of rehabilitation services for patients within BC. This situation is critical if we are to move away from the reactive, disease management model and towards a preventative and more effective primary health care model of service care. There must be recognition with funding allocation that early physiotherapy intervention can prevent institutionalization and longer lengths of stay. Early intervention also prevents the development of more chronic conditions, and ultimately empowers patients to manage their disabilities with greater dignity and effectiveness, thereby meeting system and patient goals. There is lack of confidence among physiotherapists that this concern will be addressed without the support from government and local health authorities through the creation of high level leadership opportunities for rehabilitation professionals who will contribute to funding decisions.

Inconsistency in funding sources has also been identified as a concern to physiotherapy practice, and this is especially vocalized by paediatric physiotherapists whose services are funded through the Ministries of Health, Education, and Child and Family Development and as a result have multiple levels of reimbursement. The different funding sources generally have different administrative mandates and processes which have made it a challenge for physiotherapists to provide comprehensive and coordinated services that provide equitable access to all British Columbians.
Increased Physiotherapy Involvement in Health Care Planning and Policy Development

Physiotherapy is typically not represented in higher-level health care planning and policy development initiatives. Physiotherapists are rarely involved in advisory capacities to executive decision makers in order to educate and inform about the benefit that physiotherapy interventions have on patient and system outcomes. Physiotherapists’ strengths are needed in decision-making where their skills in assessing, identifying root issues and prioritizing needs can benefit health care planning initiatives so that there is improved awareness of the necessity of physiotherapy interventions and of the impact on outcomes when inadequate levels exist.

We applaud recent Ministry of Health efforts towards boosting primary care through the direct funding of various initiatives under the General Practice Services Committee, and through the implementation of Integrated Health Networks in health authorities. Physiotherapists should be involved in the planning of these initiatives, as well as their implementation. Physiotherapists are skilled primary health care providers, and are ideally positioned to perform a central role in providing front line services. The predominant goal of public health care is to minimize hospitalization by maintaining patients in their homes.

Physiotherapists are familiar with the findings of the literature that finds that improving the health status of individuals with a wide variety of conditions and disabilities has a major impact on the system, including decreased waiting times for services, reduced referrals (including inappropriate referrals) to specialists, increased efficiency for the system, increased level of satisfaction among primary health care physicians and increased communication between physicians and physiotherapists (Soever, 2006). From the patient perspective the literature has demonstrated increased levels of satisfaction with service (Soever, 2006). There is strong evidence to support the role of physiotherapists in the primary health care model for the following conditions:

- Arthritis (Fricke, 2005, Soever, 2006),
- Coronary Heart Disease (Fricke, 2005),
- Chronic Lung Disease (Fricke, 2005),
- Diabetes (Fricke, 2005),
- Osteoporosis (Fricke, 2005),
- Falls Prevention (Fricke, 2005),
- Low back pain (Fricke, 2005), and
- Total hip and knee replacements (Soever, 2006).

Additionally, the Canadian Stroke Network’s recently published a business case for stroke care demonstrated that early intervention of physiotherapy is necessary both for patient quality of life, and for cost effective care (Teasell R, Evans M, Jutai J, Foley N, Salter K, 2006). Physiotherapists are ideally situated to participate in developing regional stroke rehabilitation strategies in BC, where there is an identified gap in current care, to better meet the needs of the large number suffering from this disease and the predicted future increase.

Physiotherapists are well positioned and ready to be involved in exploring innovative service delivery models that have been reported to be successful. For example, the United Kingdom leads in utilizing the Primary Health Care framework within its National Health System. A
A group of extended scope physiotherapists manage 70% of all back pain referrals without physician involvement resulting in a decrease of wait list time of 17 months. The same study showed that a 20% year-on-year increase in referrals to orthopedics was reversed to a 3% reduction when physiotherapy telephone triaging was introduced. We need only look at our own Canadian military to witness a successful example of Primary Health Care initiative in their “New Clinic Model” which is a direct access, outpatient interdisciplinary environment involving physiotherapists, physicians, nurse practitioners, pharmacists, and physician assistants. Patients are triaged upon entering the clinic and since the majority of patients present with musculoskeletal problems, the physiotherapist is often the first point of contact with the military health care system.

The current model of health care is one of disease management with a funding structure that prioritizes the acute medical and nursing needs of our population. Physiotherapists are experienced as members of interprofessional teams in acute, home and paediatric care, and the future of health care in BC points to this approach. We must begin to focus some efforts upstream to emphasize disease prevention and education of self-management strategies. Physiotherapists are highly educated, autonomous practitioners with expertise in anatomy, pathology and physiology and advanced training in therapeutic exercise prescription and rehabilitation techniques. They are critical thinkers skilled in problem solving and clinical reasoning that evaluate and implement various treatment strategies, with education and prevention as a major component of that intervention. They are accustomed to working in inter-disciplinary teams, and clearly prioritize health quality and functional outcomes. The federal and provincial governments recognize the inter-disciplinary primary health care model as an efficient and effective model of care delivery, and as the future of health care. (Fricke, 2005; Health Canada, 2006; Health Canada, 2002; Soever, 2006).

**Data Collection and the Role and Funding of Physiotherapy**

When attempting to quantify the impact of physiotherapist intervention on the health care system, it becomes clear that inefficiency both in data collection and in staffing models compromises the ability to measure outcomes and to compare service delivery between health providers. We must be leaders in driving the requirement for a data collection system that provides us with reliable and meaningful information that will demonstrate our effectiveness relative to system goals.

Simple examples of such inefficiencies include, but are not limited to:

- Inconsistent workload and caseload data collection for physiotherapy services in all sectors of care.
- Inconsistent use of support workers – particularly in home health and pediatric sectors.
- Inconsistent administration and funding sources of physiotherapy services within public practice.

Physiotherapists are ready to actively develop a framework that integrates evidence-based practice to caseload and workload management in physiotherapy services provided throughout BC. It is essential that management strategies recognize clinical reasoning and accountability as integral to the development of best practices. Best practice demands an ongoing need for the tracking of meaningful and comprehensive data and clinical indicators...
that are reliable, accurate, timely and accessible. It must recognize and accommodate the diversity of delivery models in use throughout the province in order to remove barriers to implementation. It is essential that the range of factors reported in the literature, such as population characteristics, access and demand patterns, service delivery approaches to specific populations, and service and patient population outcomes are all considered in such a framework.

CONCLUSIONS AND RECOMMENDATIONS

Several key issues have been outlined that are currently having a significant influence on the delivery of high quality publicly funded physiotherapy services to patients in British Colombia. As lack of physiotherapy services significantly impacts both patient outcomes, and health care system outcomes, it is important that physiotherapists, professional bodies, health employers and government take immediate steps to manage this situation. In doing so, we can improve availability and access to needed rehabilitation services for patients in British Colombia, improve job satisfaction for those physiotherapists who are committed to delivering this care, and improve overall system outcomes.

RECOMMENDATIONS:

1. ESTABLISH A REHABILITATION DIRECTORATE WITHIN THE MINISTRY OF HEALTH.

The Rehabilitation Directorate would identify effective strategies for addressing the rehabilitation needs of British Columbians, and would address the priorities in the BC Health care system by providing leadership, strategic planning, and policy advice to Ministers, Deputy Ministers and Assistant Deputy Ministers on the rehabilitation needs of B.C residents. Specifically:

- Develop and maintain a comprehensive understanding of rehabilitation priorities and initiatives with the Ministries of Health, Children and Family Development, and Education;
- Develop a coordinated, integrated, provincial rehabilitation plan in alignment with Ministry of Health service plans;
- Represent rehabilitation services in planning for interprofessional delivery of primary care services;
- Work with health employers and health organizations on planning for recruitment, retention and education of rehabilitation professionals;
- Work with employers, professional associations, unions and educational institutions to address policy and planning relevant to the delivery of effective and efficient rehabilitation health services within BC.

The Rehabilitation Directorate would be composed of rural and urban rehabilitation stakeholders from acute, community, residential and paediatric sectors. The Directorate would work with the Directorate Advisory committee, comprised of physiotherapists, occupational therapists, speech language pathologists, and other relevant rehabilitation professionals in the public sector, would advise on issues related to specific practice areas.
2. CREATE CLINICAL PHYSIOTHERAPIST EDUCATOR POSITIONS WITHIN EACH HEALTH AUTHORITY
Clinical PT Educators would develop, implement and evaluate clinical training and practice support programmes and resources. The Clinical PT Educators would also coordinate physiotherapy best practice activities and research opportunities, as well as advise physiotherapists about and support them in health care leadership positions (such as Practice Leader, Director of Care, etc). The Clinical PT Educator would report to the Director of Rehabilitation Services in each Health Authority

3. INTEGRATE ALL PUBLIC PRACTICE PHYSIOTHERAPY SERVICES WITHIN THE MINISTRY OF HEALTH
Integrated physiotherapy services will enable the establishment of system-wide rehabilitation priorities that meet the needs of all British Columbians. Services provided through the Ministry of Children and Family Development and the Ministry of Education would come back under the Health umbrella.

4. INCREASE THE PHYSIOTHERAPY SEATS TO UBC
Immediately double the seats from the current 40 to 80 seats for September 2008. Create additional seats through a diversified programme at campuses in centres such as Prince George, Kelowna and Victoria, similar to the UBC Medical programme model.
EXECUTIVE SUMMARY OF THE SURVEY FINDINGS ON CHANGES IN THE ROLE OF PHYSIOTHERAPISTS IN BC HOSPITALS

PABC’s Public Practice Advisory Committee surveyed all hospital physiotherapists in BC to identify trends in practice over the past five years, and to address concerns. The survey results illustrate six key issues related to changes in practice:

- Decreased physiotherapy positions
- Decreased physiotherapy services and programmes
- Increased demand for physiotherapy services
- Decreased job satisfaction
- A focus shift from treatment to discharge planning
- An increase in the number and the complexity of patients

The findings are categorized into three areas: the role of physiotherapy, the reduction in physiotherapy services, and the implications of changes to physiotherapy services.

1. THE ROLE OF PHYSIOTHERAPY
Physiotherapists are performing roles unique to the profession that are not offered by any other health care professional. Physiotherapy services continue to be an essential component in patient recovery throughout hospital care, from acute to sub-acute, palliative, extended care and outpatient services. Excellence in practice is maintained by 85% of the respondents who routinely use resources such as outcome measures (78.6%), journal review (78.6%), in-services (71.4%) and formal research (10.7%).

2. REDUCTION IN PHYSIOTHERAPY SERVICES
All survey respondents reported that services have been reduced in the past 5 years, primarily due to budget cuts. Lost are FTE positions, relief staff and support staff, as well as physiotherapy leadership positions, while PTA positions have increased. Outpatient departments have been cut, while hospital stays have shortened and patients are discharged in a more acute state than five years ago.

3. IMPLICATIONS OF THE CHANGES IN PHYSIOTHERAPY SERVICES
There were found to be three broad areas affected by physiotherapy service reductions:

1. Increased Workload
   - Increased number of patients and assessments
   - Increased acuity and complexity of conditions
   - Increased demand for complex discharge planning
   - Insufficient community referral resources to accommodate discharge (rehabilitation and long term care, home care)
   - Increased demand for reporting statistics unrelated to physiotherapy outcomes

2. Increased Workplace Stress
   - Increased isolation from physiotherapy colleagues
   - Less time for problem-solving and team meetings
   - Constant need for re-prioritizing workload
   - Increased pressures due to high patient turnover and re-admissions
3. Implications to Patient Care

- Less time devoted to direct patient care, impacting return of function and expedited discharge
- Increased demand for outpatient services due to private practice MSP de-listing, but decrease in outpatient resources
- Isolation from colleagues has resulted in reduced access to expertise
- Time spent re-prioritizing caseload reduces time for direct patient care and increases workload issues

Sadly, 75% of respondents reported a decrease in job satisfaction as a result of the changes that have occurred in the physiotherapy profession in BC hospitals in the past five years. This in itself is troubling; however this becomes an important issue with respect to the recruitment and retention of qualified staff experienced in the acute care setting. Reported factors appear to be related to increased workload and increased workplace stress. Frustration reported by therapists appears to be mounting with an inability to consistently perform skill-specific treatment due to time constraints, and the impact this can have on patients: the increased need for home care, and the increased potential for re-admissions.

Collateral stresses include uncertainty in healthcare restructuring and job security, loss of funding for professional development and other resources, removal of clinical specialization recognition, lack of job advancement, and lack of mentorship opportunities. Additionally, it was reported that due to the changing administrative structure of many hospitals, physiotherapy-related decisions are increasingly being made without the appropriate physiotherapy consultation and input.

Physiotherapists continue to be in short supply in Canada, particularly in BC. There is a risk that physiotherapists may leave hospital positions due to increasing workplace stress and workload.

**IN SUMMARY**

There has been a reduction of physiotherapy services in BC hospitals reported to be affecting the quality of patient care. This reduction is characterized by a loss of both physiotherapy positions and resources required to support maintaining adequate levels of physiotherapy on a daily basis. Furthermore, the effect of reduced resources and increased patient needs has resulted in factors that have a likelihood of compounding already difficult recruitment and retention issues among physiotherapists in BC hospitals, which may further impact patient care in the future.
EXECUTIVE SUMMARY OF THE SURVEY FINDINGS ON CHANGES IN THE ROLE OF PHYSIOTHERAPISTS IN HOME HEALTH CARE

PABC’s Public Practice Advisory Committee surveyed Home Health Care Service physiotherapists throughout BC to identify trends in service provision over the past five years. The respondents (60% of the total 65 community physiotherapists) are very experienced physiotherapists, many of whom have come to home health care practice within the past five years (38%).

The survey responses to a wide range of questions raise four key issues related to changes in Home Health Care Services practice over the past five years:

1. **Increase in patient acuity**
   - Over the past five years, 90% of Home Health Care Services physiotherapists have seen a higher level of acuity in clients referred to them, 61% have seen an increase in the need for palliative care, and 56% report an increase in both post-operative total hip and total knee replacement rehabilitation. The increase in treating Assisted Living patients (46%) and the increase in adopting a multi-disciplinary team approach (46%) may be systemic responses to an increase in patient acuity in the community.

   Respondents indicated their belief that the closure of most hospital outpatient departments has resulted in increased acuity and workload in Home Health Care Services. Given the high demand, specific outcomes should be measured to determine the adequacy of current ratio of physiotherapists to patients. Additionally, patient recovery time should be tracked to determine the relationship between higher acuity at hospital discharge and increased home treatment duration.

2. **Decrease in hands-on treatment**
   - Home Health Care Services physiotherapists report that they are performing roles unique to the profession, and which are not provided by any other member of the primary care team. Now, as five years ago, physiotherapists spend half their time in assessment, consultation and delegation, however, the remaining half has shifted to almost equal parts treatment and administration (which includes time meeting with multidisciplinary team, locating assistive devices, report writing, data collection, travel):

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2005</th>
<th>% Change -/+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment:</td>
<td>27%</td>
<td>27%</td>
<td>0</td>
</tr>
<tr>
<td>Consultation:</td>
<td>17%</td>
<td>17%</td>
<td>0</td>
</tr>
<tr>
<td>Delegation:</td>
<td>8%</td>
<td>8%</td>
<td>0</td>
</tr>
<tr>
<td>Hands-On Treatment</td>
<td>38%</td>
<td>27%</td>
<td>11% -</td>
</tr>
<tr>
<td>Administration</td>
<td>15%</td>
<td>21%</td>
<td>6% +</td>
</tr>
</tbody>
</table>

   The correlation between the drop in treatment time and the rise in administration time may be related to the increased patient acuity requiring more complex case management. While case management training may increase administrative efficiency,
the collection of workload statistics also needs improving; key statistics should include
amount of daily travel time, and time required to achieve specific goals (not just number of
visits) as well as specific outcome measures that measure effectiveness of physiotherapy
treatment.

3. INCREASE IN USE OF SUPPORT WORKERS
All respondents reported that they delegate to home support workers, with 46% reporting
that delegation has increased in the past five year. These are usually employees of Home
Support Agencies contracted by the Health Authority to provide care services, and are not
trained physiotherapist assistants (PTAs). However, PTAs have the skills to augment patient
recovery as directed by the supervising physiotherapist, and their inclusion would allow
physiotherapists more time to use their specific and unique skills to manage their
increasing caseload. PABC recommends that PTAs should be given hiring preference over
untrained support workers.

4. DECREASE IN JOB SATISFACTION
Two-thirds of physiotherapists working in Home Health Care Services report being satisfied
or very satisfied with their work, while the remaining third are neutral or unsatisfied.
However, there is a significant difference between those working over five years and less
than five years in Home Health Care Services, with the less experienced physiotherapists
indicated a much lower satisfaction rate.

<table>
<thead>
<tr>
<th></th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 5 years</td>
<td>17%</td>
<td>54%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>&lt; 5 years</td>
<td>13%</td>
<td>34%</td>
<td>27%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Some of the reasons given for dissatisfaction included: lack of trained PTAs to assist, limited
time for hands-on treatment, insufficient Home Support Agency staffing, limited equipment
resources, poor mileage reimbursement, and a lack of education funding. In addition to
addressing these issues, PABC believes that physiotherapists new to the sector would
benefit from mentoring opportunities. Increased satisfaction would increase the ability to
recruit and retain younger therapists.

IN SUMMARY
Practice over the past five years has changed from providing mainly hands-on treatment to
sub-acute homebound clients, to providing treatment to patients with a higher acuity and
palliative care needs, in both home and assisted living settings. Time for hands-on
treatment has decreased while time for administration has increased. The use of support
workers has almost doubled yet the transfer of function continues to be carried out by
unskilled workers rather than trained PTA’s. The majority of Home Health Care Services
physiotherapists are experienced and are satisfied with their work, but the one-third who
are new to the sector are much less satisfied.
EXECUTIVE SUMMARY OF THE SURVEY FINDINGS ON
CHANGES IN THE ROLE OF PAEDIATRIC PHYSIOTHERAPISTS

PABC’s Public Practice Advisory Committee (PPAC) surveyed Paediatric physiotherapists throughout BC to identify trends in service provision over the past five years. In compiling the following results, PPAC formed an expert group of paediatric physiotherapists to interpret the responses and offer insights. The 43% response rate provided convincing results to a wide range of questions, with three key issues emerging:

1. Decreasing Supply of Physiotherapists;
2. Changes in Service Provision;
3. Decreasing Job Satisfaction.

1. DECREASING SUPPLY OF PHYSIOTHERAPISTS

The supply of paediatric physiotherapists is extremely limited with only 124 province-wide, half of whom work only part-time, and one-third intending to retire within five years. This trend of a shrinking supply of physiotherapists to meet the demand will have an extremely adverse affect on service provision in the future. Physiotherapy programs for children with special needs are dependent on trained personnel, and when those services are interrupted by a shortage of physiotherapists, the impact on the child is of great concern. There has been a long-standing shortage of physiotherapists in BC for over a decade, and with the added retirement trend and the difficulty in recruiting for part-time positions (as shown in recent recruitment and retention studies); there are few new physiotherapists to rebuild the deficit.

2. CHANGES IN SERVICE PROVISION

Several shifts have occurred in providing physiotherapy services to children in BC. The Survey reported changes in: a) client demographics and referral rate; b) disparity in services children have access to; c) family expectations of services; d) documentation requirements.

a) Changing client demographics and Increased Referrals: Paediatric practice requires constant adjustment, with 78% of respondents reporting on new treatment interventions and 67% treating more complex and fragile clients (including increase in autism and fetal alcohol syndrome). Added to the rehabilitation challenges is the increase in referral rates and longer waitlists reported by 2/3 of the respondents. Physiotherapists believe that funding system should shift from the present inequitable diagnosis-based to an equitable needs-based system, thus relieving some of the waitlist problems.

B) Changes in Services Children have access to: High caseloads and decreased hands-on treatment time has resulted in decreased frequency of treatment, reports 2/3 of respondents. Additionally, there is a disturbing trend in the system with an increased reliance on unskilled non-therapists to fulfill high skill therapy programmes, which means children are getting inferior care. Further impacting the decrease in physiotherapy treatment is the inequity in services provided for the Under Six group and the Over Six group, with the former having much greater access.

c) Change in family expectations of services: Compared to five years ago, family knowledge and service expectations have increased by a reported 40%. The expert group believes that this change indicates that paediatric physiotherapists are providing more family-centred services,
and respondents noted the increased challenge of communications and linking families with support services, as well as increased travel time.

d) Increased Requirement for Documentation: A significant majority of physiotherapists (71%) reported an increase in documentation requirements over the last five years. Reasons for the increases include: more written and verbal communications with the multidisciplinary team and the growing number of service providers; the use of outcome measures; the need for formal assessments for treatment funding; requirement for equipment justification and charity funding requests; and electronic data collection. The expert group notes that an inconsistency in the type of data collected dilutes the value of the collected data, and much of the data is unnecessary and irrelevant.

3. DECREASING JOB SATISFACTION
Paediatrics physiotherapists, who represent .5% of practicing physiotherapists in BC, are in high demand and short supply. While exceedingly dedicated to this area of practice, they are reporting a decreasing satisfaction both in community and acute practice. Key issues affecting job satisfaction included changes in service delivery (reduction in hands-on treatment), and insufficient remuneration. There is a shift from five years ago when a quarter of paediatric physiotherapists were very satisfied to today where almost half are unsatisfied. Additionally, 83% of respondents reported a decline in their satisfaction level while 16% reported an increase in their satisfaction level.

<table>
<thead>
<tr>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Unsatisfied</th>
<th>Very Unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now:</td>
<td>8%</td>
<td>47%</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>5 Years Ago:</td>
<td>26%</td>
<td>45%</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Paediatric physiotherapists working more than five years reported being more satisfied than those new to the field.

Many respondents feel so strongly about their lack of satisfaction that they would consider leaving the practice. Their reasons included dissatisfaction with:

- High caseloads: 45%
- Insufficient time for hands-on treatment: 41%
- Lack of educational support: 29%
- Low remuneration: 26%

Other reasons given for dissatisfaction included:
- Lack of trained PTAs to assist with providing consistent treatment regimes
- Inadequate Home Support Agency staffing to meet client care needs
- Limited equipment resources
- Poor mileage reimbursement rate
- Lack of formal mentoring
- Travel time

IN SUMMARY
The survey identified an alarming shortage of paediatric physiotherapists, with indications that 1/3 will retire within five years. Paediatric physiotherapists are finding their jobs much less satisfying than in the past, and concerns point to changes in service provision (such as decreased hands-on treatment in the face of increased acuity and an inequitable funding model) and poor remuneration. Fundamental changes are required to improve the system and to draw new physiotherapists to the field.
REFERENCES


