2016 ANNUAL REPORT

Occupational Therapist Assistant and Physiotherapist Assistant Education Programs in Canada
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Background

The Occupational Therapist Assistant and Physiotherapist Assistant Education Accreditation Program (OTA & PTA EAP) is responsible for the accreditation of occupational therapy assistant (OTA) and physiotherapy assistant (PTA) programs across Canada. As of December 31, 2016, there were 30 affiliated education programs, in five provinces, that offered training for OTAs and PTAs. This document summarizes aggregate data from these programs and provides an overview of OTA PTA education in Canada for 2016.

Overview of Programs

Twenty-seven programs completed the annual OTA PTA programs’ survey, representing a response rate of 90%. A similar number of programs had candidacy status (n = 13, 48.1%) and accreditation status (n = 14, 51.9%). As is to be expected, an increasing number of programs have gained accreditation status over the past few years (n = 10, 2014; n = 12, 2015). All but three programs (n = 24, 88.9%) offered dual profession diplomas, with the other three programs offering a Physical Therapy Assistant diploma.

Program Structure

The average length of OTA PTA programs was 18.5 months and ranged in duration from 10 to 24 months (Figure 1). Eighteen of the 27 programs (66.7%) had months where learners were not enrolled in courses. At most, one program had five months when learners were not engaged in program activities and in general, programs (n = 8, 29.6%) had breaks that were four months long. A small proportion of programs (n = 3, 11.1%) permitted some learners to undertake self-directed learning; thus, completing coursework at their own pace. There was substantial variability in the percentage of learners opting to complete courses in this manner, ranging from 1% to 53% of cohorts.
All OTA PTA programs require learners to acquire clinical fieldwork experience prior to graduation. Supervision for clinical placements is provided by occupational therapists and/or physiotherapists depending on the nature of the program and placement. Most clinical fieldwork hours were supervised by physiotherapists, with hours ranging from 103.9 hours to 551.3 hours. Occupational therapists were responsible for the supervision of between 112.5 hours and 468.0 hours of clinical fieldwork experience (mean = 168.0 hours) for learners enrolled in 24 programs (excluding PTA only programs). As indicated above there were three programs that offered a Physiotherapy Assistant diploma, as such clinical fieldwork experiences were predominately supervised by physiotherapists. Supervision of clinical fieldwork was provided solely by physiotherapists for two of these programs. For programs providing dual discipline degrees, accreditation requirements are such that learners must obtain 500 OTA and PTA hours prior to graduation, with supervision from both occupational therapists and physiotherapists. On average the number of supervised clinical fieldwork hours completed by learners in non-PTA only programs were 545.5 hours, ranging from 500.0 hours to 720.0 hours (Figure 2).

Two programs (7.4%) received financial support from provincial governments to compensate clinical preceptors; these programs were based in different provinces. In addition, one program provided compensation for occupational therapists supervising groups of six or seven learners. However, none of the 27 affiliated programs provided compensation directly to clinical facilities.
The traditional didactic approach of face-to-face instruction was the sole teaching method used by 22 programs (81.5%) for the delivery of educational material. Five programs (18.5%) supplemented classroom-based instruction with distance education. Here, distance education was defined as “a teaching-learning situation in which the majority of instruction is offered in other than a face-to-face environment.” The extent to which these programs adopted a blended learning approach differed greatly. One program offered all learning activities in an asynchronous manner, with the laboratory component being delivered through live sessions and practical demonstrations. Another program only offered one course (3.6% of the course load) using a distance education approach.

Other health professional education programs have implemented a distributed education model. In this annual review, distributed education was defined as “a teaching-learning situation in which different cohorts of students in different geographical locations/campuses receive the same curriculum face to face with different instructors but standardized delivery and evaluation.” Programs are required to seek eligibility from the OTA & PTA EAP to include distributed education sites within the parent program’s
accreditation status. As of December 2016, there were no educational institutions that had incorporated such a model into the structure of their OTA PTA programs.

Admissions and Enrolment

A total of 4,271 applications were received by qualified applicants for 2016 (Figure 3). This represented a 9.8% increase from the number of applications received in 2015. It is important to note that the number of academic institutions completing the annual OTA PTA has differed over the last few years: n = 30 (2013), n = 31 (2014), n = 32 (2015), and n = 27 (2016). The average number of applications received by programs in 2016 was 158 (range = 0 – 860). Given current data collection tools, it is not possible to determine whether a qualified applicant applied to more than one program. This potentially could affect calculations of enrolment rates.

Following the review and assessment of applicants, a total of 959 applicants were enrolled in affiliated programs. This represents an enrolment rate of 22.5%, a slight decrease from 2015 (25.0%). There was one program (3.7%) that did not accept any applications or enroll any learners for this calendar year. Two programs (7.4%) admitted all individuals who submitted applications for 2016; however, over half of the programs (n = 15, 55.6%) were unable to admit qualified applicants due to a lack of available seats within the program.

![Admissions funnel for OTA PTA programs across Canada from 2013 to 2016. The number of programs completing the annual survey is provided in brackets.](image)
Several criteria and considerations were used to assess a learner’s suitability for OTA PTA training. The number of requirements associated with admissions varied greatly, with three programs only considering one requirement whereas one program assessed applicants based on nine of the ten criteria. Most programs (n = 25, 92.6%) required applicants to have completed high school or the equivalent (Table 1). Other commonly considered criteria were: Mature student status (n = 16, 53.9%), Negative TB test (n = 14, 51.9%), Clear criminal record (n = 14, 51.9 %), and Immunization records (n = 13, 48.1 %). Fewer programs assessed applicants based on an Interview (n = 3, 11.1%), Volunteer hours (n = 3, 11.1%) or References (n = 1, 3.1%). Fifteen programs (55.6%) identified additional assessment criteria, with seven programs (25.9%) requiring an entrance test, five programs (18.5%) reviewing academic performance for high school courses such as English, Biology, Chemistry, Physics, and Mathematics, and one program (3.7%) required applicants to take the Health Occupations Aptitude Exam.

<table>
<thead>
<tr>
<th>Admissions Criteria/Considerations</th>
<th>Number of Programs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduate or equivalent</td>
<td>25 (92.6)</td>
</tr>
<tr>
<td>Mature student status</td>
<td>16 (53.9)</td>
</tr>
<tr>
<td>Other</td>
<td>15 (55.6)</td>
</tr>
<tr>
<td>Negative TB test</td>
<td>14 (51.9)</td>
</tr>
<tr>
<td>Clear criminal record</td>
<td>14 (51.9)</td>
</tr>
<tr>
<td>Immunization records</td>
<td>13 (48.1)</td>
</tr>
<tr>
<td>Minimum overall GPA</td>
<td>8 (29.6)</td>
</tr>
<tr>
<td>First aid</td>
<td>4 (14.8)</td>
</tr>
<tr>
<td>Interview</td>
<td>3 (11.1)</td>
</tr>
<tr>
<td>Volunteer hours</td>
<td>3 (11.1)</td>
</tr>
<tr>
<td>References letters</td>
<td>1 (3.7)</td>
</tr>
</tbody>
</table>

As shown in Figure 4, there was a substantial difference between anticipated tuition costs for publicly funded and privately funded programs. The average tuition costs for learners in publically funded programs was $6,666.19, ranging from $2,851.00 to $9,769.28. Learners in privately funded programs were expected on average to incur tuition costs of $15,942.50; this was approximately two-fold greater than the average cost for publically funded programs. The average tuition costs for publically funded and privately funded programs decreased in 2016 as compared with previous years (Figure 5 and Figure 6). This most likely reflects the fact that fewer programs were included in the review for 2016.
Figure 4: Total anticipated tuition costs that will be incurred by learners enrolled in publically and privately funded OTA PTA programs.

Figure 5: Tuition costs incurred by learners enrolled in publically funded programs, from 2014 to 2016.
Learner Demographics

There was a total of 1,570 learners enrolled in all years of the 27 affiliated programs at the end of 2016 (Figure 7). The average number of learners enrolled in programs was 58 and enrolment ranged from 11 to 152 learners. The OTA PTA student population was predominately female (n = 1,204, 76.7%) and the overall ratio of females to males was 3.3:1. There was only one program where there were more males enrolled than females.

Graduation and Attrition

Twenty-five programs graduated a total of 596 learners in 2016. However, the total number of learners that began OTA PTA training with this cohort was 1,076, indicating that 480 learners left programs prior to graduation. As a result, the overall attrition rate for this cohort was 45%, which is similar to attrition rates for past years (43% - 2015, 41% - 2014). There were three programs that had attrition rates of 0% and one program with an attrition rate of 72%.

Figure 6: Tuition costs incurred by learners enrolled in privately funded programs, from 2014 to 2016.
Figure 7: Gender demographics of learners in OTA PTA programs across Canada. There were 1,570 learners enrolled in 27 programs and learners were predominately female (n = 1,204, 76.7%).

Faculty and Staff

Academic faculty (physiotherapists and occupational therapists), additional faculty, and other instructors were responsible for the instruction of learners in OTA PTA programs (Table 2). There was a total of 288 teaching personnel involved in the delivery of course content for the 27 affiliated programs. This resulted in an overall faculty to learner ratio of 1:5.5 and ratios for individual programs ranged from 1:1.6 to 1:15.2. Sixty-six physiotherapists and 61 occupational therapists had teaching roles in OTA PTA programs and the associated total full-time equivalents (FTE) were 25.8 and 22.2, respectively. One program did not have any occupational therapists appointed to academic faculty positions. Ten programs (37.0%) had a total of 52 additional faculty members (8.1 FTE) and 15 programs had 109 additional instructors (6.2 FTE). Programs received additional teaching and administrative support from support personnel, such as laboratory assistants, and technical staff. The total FTE for support personnel was 63.6 and 62.5 FTE was associated with technical staff. Support personnel and technical staff were shared with other programs at 26 of the 27 affiliated educational institutions.
There has been no significant change in OTA PTA education in Canada from 2015 to 2016. Whilst there are fewer programs with candidacy or accreditation status, key program metrics have remained consistent with data reported for the 2015 calendar year.

Contact Information

For more information about the data presented in this document or about the OTA PTA EAP, please contact Laura Murray at adminassist@otapta.ca. A list of all affiliated education programs is available at the respective [www.otapta.ca](http://www.otapta.ca).