



Ms. Lesley Flores, Clerk
The Standing Committee on Finance and Economic Affairs
Room 1405, Whitney Block
Queen's Park, Toronto, ON
M7A 1A2

Submitted via link: ola.org/en/apply-committees

RE: Ontario Physiotherapy Association Submission to the Standing Committee on Finance and Economic Affairs Pre-Budget Consultations

January 23, 2026

Dear Ms. Flores,

The Ontario Physiotherapy Association (OPA) represents more than 5,800 member physiotherapists, physiotherapy residents, physiotherapist assistants, and students across the province. Physiotherapists provide assessment, treatment, and rehabilitation in every sector of healthcare in Ontario, including in primary care teams, hospitals, home care, long-term care, private clinics, and community rehabilitation programs. OPA members include public sector employees and leaders, as well as owners and operators of small to large businesses – all working to provide essential health care to Ontarians.

The OPA pre-budget submission is focussed on attainable, impactful investments that will support the government in achieving the goal to increase capacity in Ontario's health care system. The investments include:

1. Provide required resourcing of physiotherapy positions in primary care, home and community care, and long-term care to bring compensation in line with the hospital sector.
2. Strengthen the Community Physiotherapy Clinic program as a strategy to support primary care access and to support seniors living in the community.
3. Address the health human resource crisis and improve access to care by enabling physiotherapists in Ontario to practice to full scope of practice.



1. PHYSIOTHERAPY COMPENSATION EQUALIZATION ACROSS PUBLIC SECTOR

Physiotherapists have an essential role in delivering care in the community whether as part of a primary care team, at a patient's place of residence, or in a long-term care facility. Access to care in each of these settings is critical to keeping Ontarians healthy, mobile and contributing to their communities and the economy. The challenge is that recruitment and retention in these positions is near impossible when the compensation is well below that of hospitals.

Currently, a physiotherapist working in a primary care team earns 15 to 30% less than an equivalent position in a hospital. In primary care teams, physiotherapists act as first contact providers, offloading family physicians by managing all musculoskeletal conditions, and supporting the management of many other chronic diseases (chronic obstructive pulmonary disease, chronic heart failure, diabetes) and health concerns (vertigo, pelvic health, chronic pain). Considering that adding a physiotherapist to a primary care team can increase attachment by up to 425 patients per roster, bringing salaries up to par is a key strategy to meet the goals of the Primary Care Action Team. An investment of 430 million over the next 5 years will achieve equalization for all interprofessional team members in primary care, including physiotherapists.

The same kind of investment to equalize physiotherapy salaries also needs to be made in the home and community and long-term care sectors. Access to physiotherapy keeps seniors independent, mobile and living at home. However, without adequate compensation in these sectors, seniors will not have the care they need, they will be more at risk for falls and will be more likely to end up in emergency departments and/or admitted to hospital and then transferred to long-term care. For example, even funding as basic as compensation for mileage for physiotherapist's driving between home care visits needs to be implemented. Seniors want to age at home but there needs to be adequate and accessible supports for this to happen. To offset more costly institutional care, sufficient funding in the community is essential to support health human resource needs long term.



Learning from the current challenges in the primary care sector where teams are experiencing an annual turnover of up to 40%, the government needs to act now to stabilize the foundation of the system prior to expansion. Only then will the additional investments bring optimal returns by maximizing the key role of interprofessional team members, including physiotherapists. Without this, community-based roles will only ever be a stepping stone to better funded hospital positions. The government needs to equalize compensation across publicly funded sectors for care to truly shift upstream to the primary care and community sectors.

Recommendation: Ensure achievement of the Primary Care Action Team goals and optimization of other community care investments, by bringing physiotherapy salaries in line across all publicly funded sectors (primary care teams, home and community care and long-term care)

2. STRENGTHENING THE COMMUNITY PHYSIOTHERAPY CLINIC PROGRAM

The Community Physiotherapy Program (CPC) is a well-established program which has been providing access to essential physiotherapy care for over 10 years. This program partners with over 200 community clinics and outpatient hospital facilities to deliver physiotherapy services. The program is accessible for rehabilitation following an injury or hospital stay, and for individuals who are 19 years or younger or 65 years and older, or recipients of the Ontario Works or the Ontario Disability Support Program.

The CPC program can be accessed directly by Ontarians (i.e. they do not need a physician referral), reducing unnecessary visits to family physicians. Unfortunately, continuation of the CPC program is becoming increasingly precarious, as the funding model has not kept pace with increasing operating costs. Episode of Care (EOC) funding has increased by only 7% since inception of the program; from \$312 in 2013 to \$334.38 in 2025. To bring the funding in line with current operational costs and to ensure continued program viability, the EOC compensation must be increased to between \$487.50 and \$615.50 per EOC. This includes an average of 6.5 sessions per EOC and reflects a compensation range of between \$75 and \$95 per session (the current model funds each session at \$54 on average).



Participating sites highly value the ability to provide care through the CPC program, as they are often serving populations who otherwise would not have access to care. They provide essential falls prevention, pain management, post-surgical care and chronic disease management. Without this program, many Ontarians simply would not have access to the care they need. However, as these clinics now need to subsidize the CPC program with other revenue streams, they are increasingly in a position where withdrawing from the program is the only option to maintain viability of their clinics.

In 2024-25, approximately 142,000 EOCs were delivered. However, clinics still did not have enough EOCs to meet the needs of their communities. Ontarians were turned away for essential health services and left with no other options. This inequality in access is not acceptable. To meet the population and demographic growth in Ontario, the total number of EOCs needs to be increased from the current 142,000 to 195,000, and new EOCs need to be allocated annually to keep pace with regional growth.

Furthermore, of the 142,000 EOCs delivered in 2024-25, 110,000 (77%) were delivered to seniors 65 or older. This program is key to keeping seniors safe, mobile, independent and living in the community. However, without an adequate allocation of EOCs for the growing senior population, they will not have access to services, they will be more at risk for falling and will require much more expensive institutional care.

Additionally, in 2024-25, the CPC program was expanded to include physiotherapy for individuals who had had any kind of day surgery. Expanding access to this group was much needed, as there are virtually no other publicly funded options in most Ontario communities. Post-surgical rehabilitation is not an optional add on – it is necessary to achieve the desired surgical outcomes. Without access to this care, individuals are put at risk for chronic pain, limited function and delayed return to work. This is not a risk we can afford. The bottom line is that insufficient government funding of the CPC program is creating a significant exposure of risk to Ontarians.



The good news is that the framework and infrastructure for expansion of this program are already in place. Current participating sites have the capacity for more volumes and are keen to do more to support the health of all people living in Ontario. This is a golden opportunity to strengthen and expand an established program, leveraging existing health human resources at a time when the health workforce shortages are only anticipated to grow. Adjusting the funding and volumes of episodes of care through the CPC program is a simple yet impactful strategy to ensure that seniors are receiving the care they need – keeping them safe, independent, mobile and living at home.

Recommendation: Strengthen the Community Physiotherapy Clinic program, as a strategy to: a) support primary care access, b) reduce hospitalizations and c) support senior's living in the community

3. ENABLING PHYSIOTHERAPISTS' SCOPE OF PRACTICE EXPANSION

The recent report by the Canadian Institute for Health Information outlines the anticipated shortfall of the health workforce, despite best efforts to increase training opportunities and recruit internationally educated professionals. The province must look for other options to increase capacity in the system. The consultation by the Ministry of Health for implementing scope changes for health professionals is an encouraging sign that the province is moving in the right direction.

For physiotherapists, expanding scope to include diagnostic imaging and laboratory testing was included in changes to the Physiotherapy Act in 2009, as approved by the legislature. However, still today, the Ministry has not yet implemented the regulatory changes required to enact these changes.

The result? Where once a leader, there are now four provinces who have surpassed Ontario with implementing scope changes, including Alberta, Quebec, PEI and Nova Scotia. Ontarians continue to deal with “circular referrals” where they must return to their family physician (or worse yet, the Emergency Department or Walk in Clinics) for referrals for diagnostic imaging, *when it is already within scope of physiotherapists.*



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As the government looks to attach two million people to primary care by 2029, expanding the scope of physiotherapists to include diagnostic imaging, will not only relieve the burden on family doctors – it will promote earlier diagnosis, earlier intervention, reduced system costs and promote better health outcomes. Expansion of scope will optimize any current and future investments in the community. The province cannot afford to wait any longer to enact this opportunity.

Physiotherapists in Ontario are already moving into expanded scope roles working under medical directives, such as in primary care teams, in emergency departments, and in surgical triage. They have the training. They have the knowledge. They have the skill set. And the College of Physiotherapists of Ontario has the regulatory structure in place. Let's work together to optimize their impact by *implementing the existing scope of physiotherapists to order diagnostic imaging*.

The physiotherapy profession is primed and ready. If there was ever a time for the province to act, it is now.

Recommendation: Address the health human resource crisis and improve access to care by enabling physiotherapists in Ontario to practice to full scope

Thank you to the Standing Committee for the opportunity to highlight these noteworthy opportunities for the upcoming budget for fiscal year 2026-2027.

Sincerely,

Sarah Hutchison
Chief Executive Officer
Ontario Physiotherapy Association