

Consultation Questions

Please prepare written responses to the questions below that are relevant to your organization. You are also welcome to provide input on issues not covered by the questions. All input is encouraged and will be considered.

Please provide input to the CSFA Program Engagement Inbox (EDSC.DGA.PCAFE.MCPP-SEC.CSFAP.LB.ESDC@hrsdc-rhdcc.gc.ca) by October 21, 2022.

Questions about Canada Student Loan Forgiveness

1. To what extent does the current Canada Student Loan Forgiveness benefit assist the recruitment of health professionals in rural and remote communities?

Unable to answer since S-LPs and audiologists have not been part of the program.

2. Would a different amount of loan forgiveness from what is currently available provide a stronger incentive? If so, over what period of time?

The loan forgiveness should be commensurate to the training requirements of each profession. For example, speech-language pathologists (S-LPs) and audiologists require a costly master's level entry to practice. The average cost of a Master in Speech-Language Pathology at the University of British Columbia is approximately \$50,000 while a Master in Audiology at Dalhousie averages \$35,000.

As such, new graduates are highly motivated to find employment as soon as possible to recover this debt. It would be an advantage for a rural position to offer student-debt relief or be supported to offer higher wages as a competitive advantage. They are more likely to go where there are well-paying positions, that also offer valuable clinical experience.

Rural areas are at a distinct disadvantage for recruitment. For example, speech-language pathology and audiology programs are only offered in universities in urban settings and graduating class sizes are very small and are not graduating enough clinicians to meet the current demand. Currently, Dalhousie University offers one of the few audiology programs in Canada and has an average class size of only 13 students. A rural area recruiter in the eastern provinces is thus competing with other employers in larger urban centres to entice one of only 13 students.

3. What other factors, other than financial incentives, would help motivate recent graduates in health professions to work in rural or remote areas (e.g., post-graduate training in a rural or remote community, personal connections to the community, etc.)?

Having personal connections to a rural or remote area is definitely a potential motivating factor to recruit and retain new health care professionals. Additionally, finding work for one's partner is also a consideration for considering a move to a less populated area.

Rural and remote clinicians tend to have large, diverse caseloads, cover a larger geographical area, and have fewer opportunities for peer mentorship. Having robust, built-in mentorship programs and communities of practice to support rural/remote clinicians is likely to improve retention and reduce burnout. Having additional supports extend to supervise clinical placements in rural/remote areas would also be helpful. These initiatives would require appropriate investments in reliable internet service and related equipment for virtual supports. The government could support the addition of funding to support clinical placements in rural areas through universities. Support could be provided in the form of subsidies to increase honorariums for clinical placement supervisors, lodging or housing support for students, etc. By acquiring clinical experience in rural settings, you can strengthen your connections to the community and your workplace setting.

4. To what extent do financial benefits, such as Canada Student Loan Forgiveness, provide an incentive for health professionals to provide health services in rural or remote communities over the medium-term (e.g., beyond the 5-year loan forgiveness period)?

SAC members indicate that financial benefits such as student loan relief would be enticing. Additionally, financial benefits could cover:

- *Continuing education funding. This would help clinicians stay current on professional topics considering limited peer mentorship opportunities and fewer speakers coming to rural areas. It would also offset travel costs to attend in-person professional development events which offer opportunities to expand professional networks.*
- *Equipment funding. This would facilitate access to appropriate testing and intervention equipment including technology to support best practices and working to the full scope of their practice.*

5. What are the factors that might cause them to leave these rural or remote communities to work in more urban areas?

As outlined in question 3, rural/remote clinicians face unique challenges including large, diverse caseloads, fewer peer mentorship and community of practice opportunities, potentially smaller overall operating budgets compared to urban centers. Furthermore, some of our services require physician referrals, and a lack of physicians in rural and remote areas increases the bottleneck.

These challenges can impact travel costs (time, money), access to required equipment and professional development opportunities, and coverage for vacations. All these factors can increase risk of isolation and professional burnout.

6. As outlined in Budget 2022, the Government is reviewing the definition of “rural community” which determines eligibility for Canada Student Loan Forgiveness. The review is focused on ensuring that the definition of rural communities under the program does not leave out certain communities in need.

- a. Are you aware of areas that are considered underserved/rural/remote (e.g., are eligible for similar incentives), but are not currently eligible for Canada Student Loan Forgiveness?**
- b. Statistics Canada defines rural areas as all territory lying outside of population centres, where population centres consist of areas with a population of at least 1,000 and no fewer than 400 persons per square kilometre. Statistics Canada then further defines population centres by their sizes, such as:**
 - rural areas, which consists of all territory lying outside of population centres**
 - small population centres, with a population between 1,000 and 29,999**
 - medium population centres, with a population between 30,000 and 99,999**
 - large urban population centres, with a population of 100,000 or more**

Would this concept be appropriate for determining community eligibility for this benefit?

While Red Deer Alberta and Thunder Bay Ontario have populations exceeding 100,000, we still hear from clinicians that they still face similar issues to rural and remote areas. There is a potential disconnect between the definition of a rural or remote community based on population alone and additional data should be considered. The development of a national health workforce data source (other than CIHI data) is another area that is integral to understanding health workforce needs.

c. If appropriate, what would be an acceptable maximum population size for community eligibility? Please include the rationale for your suggestion.

7. Please identify up to five health professionals in order of priority, beyond family doctors and residents in family medicine, registered practical nurses, licensed practical nurses, registered nurses, registered psychiatric nurses, and nurse practitioners that are most urgently needed in rural/remote communities. Please provide a rationale for your suggestions and prioritization.

Please include any available supporting evidence (e.g., data, research, survey results, examples, etc.) to demonstrate the need for the priority health professionals you identify.

Canada has a shortage of speech-language pathologists and audiologists. According to the Alberta College of Speech-Language and Audiology, rural and remote areas, for example, have fewer clinicians.

Members by Health Zone as of October 19, 2022

Region	Health (see link below)	Population (2020)	General SLPs	Non-Practicing SLPs	Total SLPs per 100,000 population	General Audiologists	Non-Practicing Audiologists	Total Auds per 100,000 population	Total ACSLPA members
AHS - South (Zone 1)		311,514	100	8	34.7	13	1	4.5	122
AHS - Calgary (Zone 2)		1,710,560	502	39	31.6	87	3	5.3	631
AHS - Central (Zone 3)		476,674	152	7	33.4	11	0	2.3	170
AHS - Edmonton (Zone 4)		1,422,009	606	37	45.2	73	3	5.3	719
AHS - North (Zone 5)		480,924	74	4	16.2	5	1	1.2	84
Outside Province			46	19		7	7		79
Total		4,401,681	1480	114	36.2	196	15	4.8	1805

<https://www.albertahealthservices.ca/assets/about/publications/ahs-ar-2021/zones.html>

The current number of S-LPs and audiologists within Canada do not meet the needs of the population, particularly given an aging population base. To illustrate, although Canada's population is roughly 12% that of the US, the number of Canadian S-LPs is only 3% that of the number of US S-LPs, highlighting the significant shortage of professionals in Canada. This capacity issue affects the system's ability to provide quality treatment to the large and growing number of people with communication and swallowing problems in Canada.

*The Canadian Occupational Projection [report](#) states, "Over the period 2019-2028, the number of job openings (arising from expansion demand and replacement demand) for **Audiologists and speech-language pathologists** are expected to total **3,800**, while the number of job seekers (arising from school leavers, immigration and mobility) is expected to total **2,800**".*

Shortages are already being reported for our professions in rural and remote areas. For example, there are currently only [two audiologists](#) in the NWT: one in Inuvik and one at Stanton Territorial Hospital in Yellowknife. A second position at the Yellowknife hospital has been vacant since August 2021. The Health Minister said wait times are up to 19 months. The Northwest Territories has also [suspended](#) speech-language pathology services in schools due to low staffing of these positions.

To get a better understanding of retention and recruitment in health care, Canada still requires detailed health human resources data in each province.

8. Are there shortages in professions outside of health care (e.g., social services, education) that are urgently needed in rural or remote communities? If so, please identify up to five, in order of priority.

The [Ontario Right to Read Inquiry report](#) highlighted the importance of current shortages in speech-language pathology: "The Ontario Catholic School Trustees' Association noted that the shortage of speech-language pathologists and psychologists is "a significant challenge to many rural and northern boards across the province. This affects the timeliness of conducting various health and psychological assessments for students."

Speech-language pathologists are essential members of educational teams. They support students of all ages with speech, language, and communication challenges to achieve their academic and personal potential. This includes being involved in the consultation and implementation of evidence-based literacy (i.e., reading and writing) programs.

It is the [position](#) of SAC that all students deserve access to timely, comprehensive, evidence-based speech-language pathology services in Canadian schools.

- 9. Is the current requirement that family doctors and residents in family medicine, registered practical nurses, licensed practical nurses, registered nurses, registered psychiatric nurses, and nurse practitioners provide a minimum of 400 hours of service appropriate?**

N/A

- 10. Would the same service minimum be appropriate for the priority professions you identified above?**

Regulatory bodies require 750 hours over three years. We suggest the minimum hours be aligned with current regulatory body requirements.

- 11. Would a multi-year service commitment (e.g., a commitment to remain in the community for two or three years) to access the benefit help with health professional recruitment or retention?**

It would be beneficial for a clinician to establish a connection with the community through this commitment. Within a multi-year commitment should be a consideration of respite to allow clinicians to access adequate vacation time away. This could be achieved with a 'hub and spoke' model of care whereby connections with larger urban or tertiary centre are established who could provide coverage to allow clinicians to take proper time off. This can be difficult to do in rural or remote communities where there are fewer services or other clinicians available.

- 12. Would it be appropriate to extend eligibility of the benefit to virtual services provided by the priority professions you identified above?**

It is the [position](#) of Speech-Language & Audiology Canada (SAC) that virtual care is a means of supporting access to speech-language pathology and audiology services for clients with communication, swallowing, hearing and balance disorders. SAC members and associates who provide services via virtual care must adhere to the standards of practice, privacy legislation, and guidelines of the applicable regulator(s) and/or professional association(s).

However, access to virtual services would be improved with a pan-Canadian licensing body. As of now, the College of Audiology and Speech-Language Pathology of Ontario has agreements with five other provinces for clinicians to provide services within another province under the agreement. The agreement, however, limits clinicians to only 200 service hours per year outside of their home province. Clinical staff from across Canada would be able to provide more services to rural and remote areas with a pan-Canadian licensure agreement.

13. Please share any additional input on Canada Student Loan Forgiveness that is not covered in your answers to the previous questions.

Information about your organization

14. Please provide a short summary of what your profession does (e.g., what services you deliver to Canadians, who are key clients/beneficiaries of your services, does practice take place in privately set up clinics, hospitals, other community sites, etc.).

- *Speech-language pathologists (S-LPs) are regulated health professionals with a minimum master's degree in speech-language pathology. S-LPs provide individualized care to meet the needs of people with communication and swallowing difficulties*
- *S-LPs focus on prevention, evaluation and management of communication and swallowing disorders across the lifespan.*
- *S-LPs address a range of concerns including difficulties with speech sound production, voice, resonance, fluency (stuttering), language comprehension and expression, literacy, cognitive-communication, augmentative and alternative communication (AAC), and feeding and swallowing.*
- *S-LPs work in health, education, community and university settings. They often work as key members of healthcare and education teams to address the communication and swallowing needs of their patients, clients, and families in a collaborative, person-centered model.*
- *Audiologists are regulated health professionals who have a master's or doctorate degree in audiology. Audiologists provide individualized care to meet the needs of people across the lifespan with hearing and balance issues.*
- *Audiologists focus on the prevention, assessment, diagnosis and management of hearing and balance disorders.*

- *Audiology services address a range of concerns including hearing loss, central auditory processing, tinnitus, sound tolerance disorders and balance (vestibular) issues. Audiologists also provide guidance on hearing loss prevention.*
- *Audiologists work health, education, community and university settings*

15. Can you describe the post-secondary education and other professional requirements (e.g. passing an exam, clinical/work experience, joining a professional and/or regulatory body, etc.) required to practice your profession?

Requirements for Speech-Language Pathologists

- *Meet admission requirements for a master's program in speech-language pathology (Canada has eleven) which may necessitate additional prerequisite courses and includes volunteer work - preferably in a speech-language pathology environment;*
- *Successfully complete a master's degree in speech-language pathology including supervised clinical practicum (all Canadian programs are accredited to ensure a consistent standard);*
- *Meet regulatory body licensure requirements for speech-language pathology (required in most provinces) which may include successfully completing an exam or specific language requirements among other variations.*

Requirements for Audiologists

- *Meet admission requirements for a Master's program in audiology (Canada has five);*
- *Depending on your undergraduate degree, which may necessitate additional prerequisite courses and includes volunteer work - preferably in a audiology environment*
- *You may have to complete volunteer work - preferably working in an audiology environment;*
- *Successfully complete a master's degree in audiology including a minimum of 350 hours of supervised clinical practicum;*
- *Many provinces regulate the profession of audiology. If you wish to work in a regulated province, you must register with the regulatory body (college) in the province or territory you wish to practice in.*