# PHYSIOTHERAPY COMPENSATION REPORT 2022:

## METHODOLOGY, DEMOGRAPHICS & GROUP PROFILES

ONTARIO PHYSIOTHERAPY ASSOCIATION

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## BACKGROUND

The Ontario Physiotherapy Association (OPA) engaged itracks to conduct a survey to explore the differences in compensation across various sectors that employ physiotherapists (PTs) and physiotherapist assistants (PTAs). itracks worked with OPA to design the survey and then programmed an online survey. The OPA distributed the survey link to OPA members and posted the survey on physiotherapy social media channels, and the College of Physiotherapists of Ontario distributed the link to registered physiotherapists. Following the data collection, itracks provided data analysis and aggregate reporting.

There are numerous compensation models for physiotherapists practicing in Ontario. Each compensation model was explored, and each individual's compensation was converted to an **effective hourly rate** for comparison purposes. Compensation was examined for each sector. A detailed explanation of the methodology is outlined in the report.

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## SURVEY OBJECTIVES

The primary survey objectives included the following:
- Examine compensation and benefits for each sector and certain groups.
- Examine factors impacting work decisions and job satisfaction.

## METHODOLOGY

### SAMPLING

Physiotherapists and physiotherapist assistants from across Ontario were invited to participate in an online survey conducted between November 2 and December 4, 2022. A total of **1,612 qualified respondents** completed the cross-sector rate survey including **1,581 physiotherapists** (PTs) and **31 physiotherapy assistants** (PTAs). In 2022, the College of Physiotherapists of Ontario[1] listed 11,178 PTs with active registrations.

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[1] College of Physiotherapists of Ontario https://portal.collegept.org/public-register/

Thus, the survey data is estimated to be representative of **14% of all PTs** in Ontario. Based on the survey sampling, 19 times out of 20, the survey results will be accurate to within 2% of actual values. The number of responses to questions throughout the survey varied due to some respondents not providing answers to all questions.

## SURVEY DEVELOPMENT AND DATA COLLECTION

The survey questionnaire was developed in collaboration between OPA staff members and itracks. itracks staff programmed the survey and provided a link to OPA.  OPA leadership completed the survey and provided feedback and minor revisions were made.

OPA distributed the survey link to OPA members through email and newsletter communications and social media channels. The College of Physiotherapists of Ontario distributed the link to registered physiotherapists. The data collection took place between November 2nd and December 4th, 2022.  Respondents that completed the survey were given the option of entering a draw for a gift card.

The member information was used for tracking and data integrity purposes only and was not disclosed in any reporting to the OPA.  A significant number of data records that included statistical outliers, nonsensical data or multiple respondents with exact match open ended question responses were removed from the sample.

## COMPARATIVE ANALYSIS

To facilitate the comparison of different compensation models within and between sectors, an **effective hourly rate** was calculated for each respondent's compensation in each sector. This provided a method of comparing compensation rates between PTs paid on an hourly, annual, per visit, percentage of clinic revenue or commission basis as well as a method to look at differences between sectors.

For those paid on an hourly basis, their effective hourly rate is equal to their hourly rate.

For those paid an annual salary, their **reported** annual salary was divided by their **estimated total hours worked** in the year. The hours worked during the year were estimated by taking their average weekly hours reported and multiplying it by 52.

For those paid through other compensation models, each respondent reported an **estimate** of their annual income. This figure was then divided by their **estimated total hours worked** in the year. The hours worked during the year were estimated by taking their average weekly hours worked and multiplying it by 52.

| Reported Compensation Method | Per patient visit |
|---|---|
| Reported hours worked per week | 26 |
| Reported total compensation | $67,600 |
| 26 hours per week x 52 weeks per year | 1352 hours worked |
| $67,600 ÷ 1352 hours | $50 per hour (effective hourly rate) |

The effective hourly rates were then aggregated and reported for each sector for comparative purposes. The average rates were weighted ensuring sample segments with larger sample sizes impacted the averages more than small segments.

## KEY DEFINITIONS

**MEAN:** The average of a set of data points calculated by adding all the values in the set and dividing by the number of data points in the set.

**STANDARD DEVIATION:** A measurement of the amount of variation from the mean or average in a data set. For example, if a data set has a mean of 40 dollars and a standard deviation of 15 dollars, the majority of the data will fall between 25 dollars and 55 dollars.

**OUTLIERS:** Values significantly higher or lower than the rest of the data set.

**MEDIAN:** The middle value in a data set.

**QUARTILE:** A group of data points that represent 25% of the data within a set. The first and third quartiles can be found by identifying the medians of the lower and upper halves of the data.



**RANGE:** The distance between the maximum and minimum.

**INTERQUARTILE RANGE (IQR):** The distance between the third and first quartiles.

**Boxplots** provide a way of visualizing the individual data points.
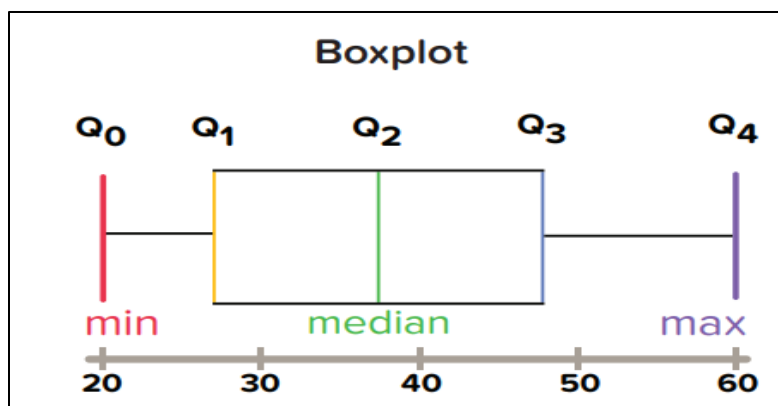
The **median** (middle quartile) marks the mid-point of the data and is shown by the line that divides the box into two parts. Half the data points are greater than or equal to this value and half are less. The **middle "box"** includes the data between the 1st and 3rd quartile quartiles representing the middle 50% of data points for the group of data points.

**UPPER QUARTILE:** Seventy-five percent of the scores fall below the upper quartile.

**LOWER QUARTILE:** Twenty-five percent of scores fall below the lower quartile.

**WHISKERS:** The lines in the lower and upper quartiles that extend from each end of the central box represent scores outside the middle 50%. Whiskers often (but not always) stretch over a wider range of scores than the middle (Q2 and Q3) quartile groups, the whiskers are useful to observe how spread the data is.

**DOTS:** Every dot observed in the boxplot represents an individual data point (compensation rate for an individual).

**Outliers** were identified using the inter quartile range (IQR) method, where all points that lie outside the range defined by the box (data between Q1 and Q3) +/- 1.5 * (Q3-Q2) are removed from the analysis.

## DISCUSSION

## STRENGTHS

The survey received a high response rate, representing 14% of all PTs in Ontario. 10% of the population is usually considered a benchmark. Furthermore, demographic information indicates that this is a representative sample. 75% of respondents were female, and 80% were clinicians providing direct PT care. The range of years of experience and sector proportions were also consistent with the general PT population. The survey was also disseminated by the College of Physiotherapists of Ontario, which allowed the survey to reach a wider network of physiotherapists including non-OPA members.

The survey included the opportunity to report specific models of compensation as well as demographics such as years of practice, location, and work satisfaction.

The survey questions were reviewed by physiotherapists in each sector which ensured that the questions would accommodate diverse compensation models and factors.

## LIMITATIONS

This survey produced extensive information, which creates challenges in identifying what is most meaningful. Furthermore, some sectors are very small, which does not allow for generalizations.

There was significant variability amongst responses both between and within sectors, which created challenges to interpreting findings.

Due to responses to the online survey by automated responses by "bots" and non-legitimate respondents, likely due to recruitment through social media, additional challenges in analyzing, verifying and correcting data were faced. The identification of fake data led to challenges in version control of this report and led to continued delays in its release. Extensive review, repeated analyses and verification of the data was conducted through consultation with a specialist, and the use of additional analysis tools, to ensure results are not skewed by fraudulent data.

The effective hourly rate calculation allows for comparisons on a general level, but specific comparisons to a specific individual are more challenging.

## CONSIDERATIONS FOR FUTURE SURVEYS

One essential consideration is integrating the principles of engagement, ownership, control, governance, access, protection and possession in the development, distribution, dissemination, and use of the survey in the future. OPA recognizes that data collection is not a neutral process and may further promote systemic and overt racism, even when unintentional. Explicit work towards anti-racism is needed, including engagement on how any data collection may be used to enhance equity in the profession.[2] [3]

Some additional considerations for future survey methodology include:

- Extending the data collection timeframe
- Identifying the total number of physiotherapists in each sector, where possible, prior to initiating the survey, to better inform sample sizes needed
- Incorporating questions to distinguish between union and non-union roles

[2] Black Health Equity Working Group. (2021). Engagement, Governance, Access, and Protection (EGAP): A Data Governance Framework for Health Data Collected from Black Communities. blackhealthequity.ca

[3] First Nations Information Governance Centre. (2024). The First Nations Principles of OCAP®. fnigc.ca/ocap-training

The goal is to have future surveys with a similar format, to build comparisons to different years, to show trends over time. There is potential for follow-up to this and future compensation surveys with qualitative focus group interviews.

## USE OF COMPENSATION REPORT

This report is not a tool to determine appropriate compensation levels for physiotherapists in specific workplaces. Rather, this report reflects compensation for PTs in winter 2022-2023.

The sector-specific reports and graphics give context and understanding of the landscape when working on their own compensation goals. The Government of Ontario passed Bill 149 in the fall of 2023, which requires publication of salary bands in all job postings, which will lead to increased pay transparency. Pay transparency supports equity and fair wage efforts, and by sharing the compensation report, OPA can support physiotherapists in making their own judgements about published rates of pay. This report provides insights to help OPA understand workforce and health human resource issues and helps OPA engage in discussions with other partners in the rehab and health sector.

## PHYSIOTHERAPIST DEMOGRAPHICS

## LOCATION OF SURVEY RESPONDENTS

The OPA has identified six health regions in Ontario. If PT respondents worked in more than one region, they were asked to indicate the region in which they worked the most hours during the past year. Region descriptions and proportion of representation are presented in the chart below.

| HEALTH REGIONS | LEGACY LHINS | N | % |
|---|---|---|---|
| East | Central East, Southeast, and Champlain | 411 | 26% |
| Central | Central, Central West, Mississauga Halton, North Simcoe Muskoka | 316 | 20% |
| West | Erie St. Clair, Southwest, Hamilton Niagara Haldimand Brant, and Waterloo Wellington | 379 | 24% |
| Toronto | Toronto Central | 285 | 18% |
| Northeast | Northeast | 110 | 7% |
| Northwest | Northwest | 63 | 4% |
| | | 1581 | |

## GENDER

**Respondents were asked, "With which gender do you identify?". A summary of the gender of respondents has been provided below.**

| GENDER | N | % |
|---|---|---|
| Female | 1,185 | 75% |
| Male | 411 | 26% |
| Nonbinary | 0 | 0% |
| Not listed | 0 | 0% |
| Prefer not to answer | 11 | 1% |
| | 1,581 | |

## PHYSIOTHERAPY ROLE AND REGISTRATION STATUS

Respondents were asked to select which of the following professional categories best represented them. Internationally educated physiotherapists for this survey were defined as a physiotherapist who received their entry to practice degree in physiotherapy outside of Canada. The results can be seen in the table below.



Fig. 1: Physiotherapist Registration Status
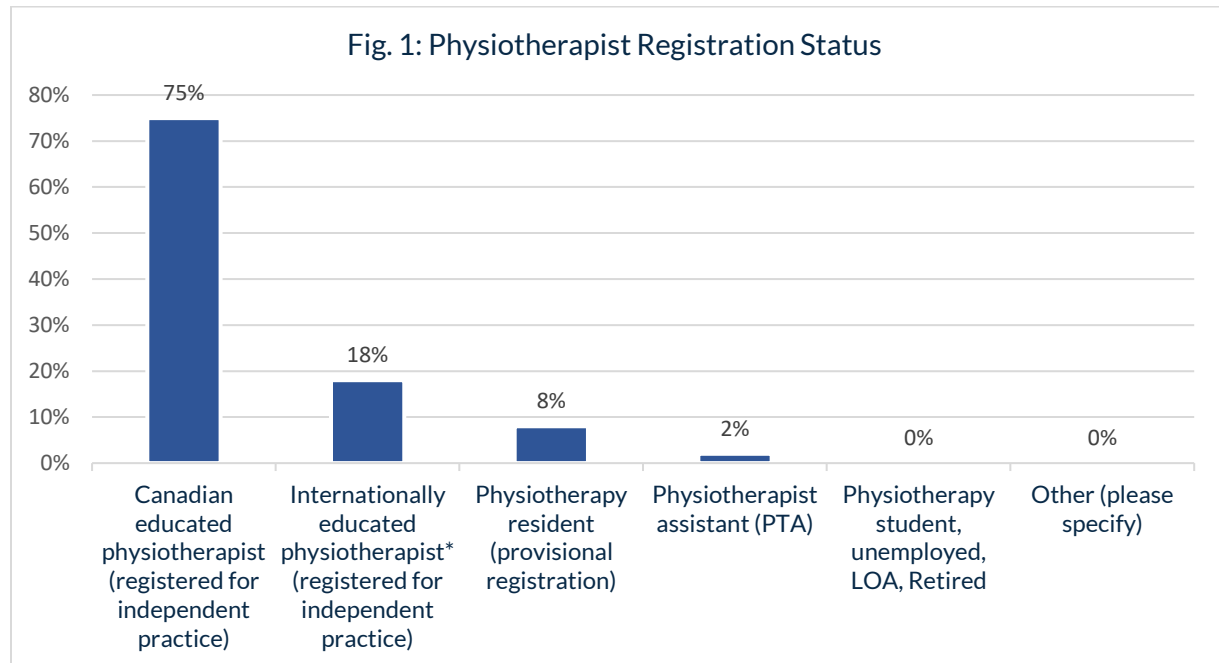
Physiotherapists (including physiotherapy residents) were then asked to indicate which of the following professional roles best represents their current position.



Fig. 2: Reported PT Job Roles
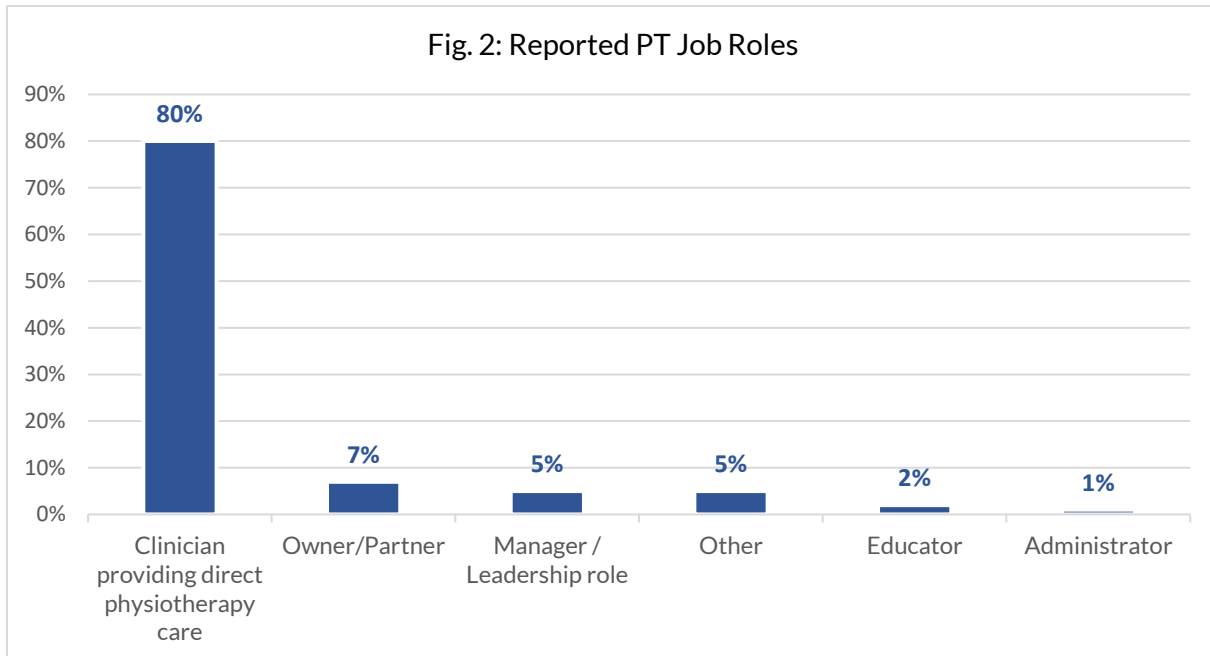
'Other' responses included split roles often including a clinical component and another role, coordinator, researcher, and health technology/electronic records.

## PHYSIOTHERAPY SECTORS

PT respondents were asked to identify the sectors within which they were currently working. Some respondents worked in multiple sectors, which is why the number of responses to this question (1,915) is higher than the overall sample size (1,581).

| PHYSIOTHERAPY SECTORS | N |
|---|---|
| Private Practice | 856 |
| Hospital and Rehab Centers | 587 |
| Home Care | 201 |
| Long Term Care | 74 |
| Primary Care | 59 |
| Academia and Research | 64 |
| Other | 78 |
| **TOTAL RESPONSES (FROM 1,581 RESPONDENTS)** | 1,919 |

## EXPERIENCE

Respondents were then asked to indicate the number of years they had been practicing.

| EXPERIENCE | N | % | |
|---|---|---|---|
| Less than 1 year | 26 | 2% | |
| 1-3 years | 92 | 6% | 37%<10 years |
| 4 – 5 years | 158 | 11% | |
| 6 – 10 years | 258 | 18% | |
| 11 – 15 years | 232 | 16% | |
| 16 – 20 years | 186 | 13% | 50% 10 - 30 years |
| 21 – 30 years | 305 | 21% | |
| 31 – 40 years | 168 | 11% | 14%>30 years |
| More than 40 years | 37 | 3% | |
| | **1462** | | |

## EDUCATION

Respondents were asked to select their highest level of education in the field of physiotherapy. A summary of responses is below:

| EDUCATION | N | % |
|---|---|---|
| College Diploma | 46 | 3% |
| Undergraduate degree | 565 | 36% |
| Professional Masters | 768 | 49% |
| Research Masters | 109 | 7% |
| Doctorate | 49 | 3% |
| Other (Please specify) | 44 | 3% |
| | 1,581 | |

Respondents were asked to describe any additional college or university education in fields outside of physiotherapy. The open-ended responses were then coded and categorized and included in the chart below.

| EDUCATION OUTSIDE OF PT | N | % |
|---|---|---|
| Bachelor's other field | 462 | 29% |
| Additional education no cert/degree | 328 | 21% |
| Masters – other field (outside of PT) | 130 | 8% |
| Diploma outside of PT | 29 | 2% |
| PHD | 6 | - |
| Acupuncture/ Athletic Therapy | 8 | - |
| Other | 30 | 2% |
| None | 588 | 36% |
| | 1,581 | |

*'Other' included osteopathy, massage therapy, and chiropractic.*

## ETHNICITY, FRANCOPHONE, AND BIRTHPLACE

Respondents had the option of indicating whether they identify as First Nations, Métis, or Inuk/Inuit. The chart below summarizes their responses.

| ABORIGINAL ETHNICITY | N | % |
|---|---|---|
| Not First Nations, Métis, or Inuk/Inuit | 1,454 | 93% |
| First Nations (Status/Non-Status Indian) | 63 | 4% |
| Métis | 43 | 3% |
| Inuk /Inuit | 17 | 1% |
| Prefer not to answer | 23 | 1% |
| | 1,581 | |

For respondents who indicated that they are 'not First Nations, Metis, or Inuk/Inuit', they were given the option to further specify their ethnicity. The table below summarizes these responses.

| ETHNICITY | N | % |
|---|---|---|
| White – North American (e.g., Canadian, American) | 837 | 57% |
| White – European (e.g., English, Italian, Russian) | 237 | 16% |
| Asian – South (e.g., Indian, Pakistani, Sri Lankan) | 163 | 11% |
| Asian – East (e.g., Chinese, Japanese, Korean) | 94 | 6% |
| Middle Eastern / North African (e.g., Algerian, Iranian, Lebanese) | 30 | 2% |
| Asian – Southeast (e.g., Malaysian, Filipino, Vietnamese) | 20 | 1% |
| Latin American / Hispanic (e.g., Argentinean, Chilean, Salvadoran) | 10 | 1% |
| Black Caribbean, Black North American, Black Sub-Saharan African, Indo-Caribbean | 14 | 1% |
| You do not have an option that applies to me | 29 | 2% |
| Prefer not to answer | 30 | 2% |
| | 1,464 | |

Respondents were given the option to identify as Francophone or Non-Francophone.

| FRANCOPHONE | N | % |
|---|---|---|
| Non-Francophone | 1,362 | 86% |
| Francophone | 193 | 12% |
| Prefer not to answer | 18 | 1% |
| | 1,581 | |

## PHYSIOTHERAPY GROUP PROFILES

## ADVANCED PRACTICE

One of the survey objectives was to review the current employment and responsibility factors associated with PTs that are working in advanced practice roles. **137 (9%) of respondents indicated that they are currently working in an advanced practice position.** Due to the limited sample size and the vast diversity in the roles and responsibilities described and the sectors worked in, compensation cannot be reliably reported. Efforts will be made in future surveys to gain more information.

## ADVANCED PRACTICE ROLES AND RESPONSIBILITIES

Respondents who identified as working in an advanced practice position were asked to describe their role and any additional responsibilities assigned and/ or delegated authorities. There was a large diversity of roles, which are highlighted in the chart below.

| ROLE DESCRIPTIONS/ACTIVITIES | N |
|---|---|
| Rostered acts (manipulations, acupuncture, internal pelvic exams) | 22 |
| Ordering diagnostics, specialist referrals, surgical triage, rheumatic disease diagnosis, prescribing PT/RMT/bracing, orthoses | 30 |
| Clinical specializations, education, mentoring roles | 35 |
| Leadership or management roles | 50 |
| | 137 |

## ADVANCED PRACTICE JOB TITLES

Physiotherapists working in advanced practice roles were asked to report their job title.

The most cited job titles were physiotherapist (54), clinic owner/director (19), and Advanced Practice Clinician / Advanced Practice Physiotherapist (16).

The respondents that described extended scope and delegated roles in the prior question had titles including the following:
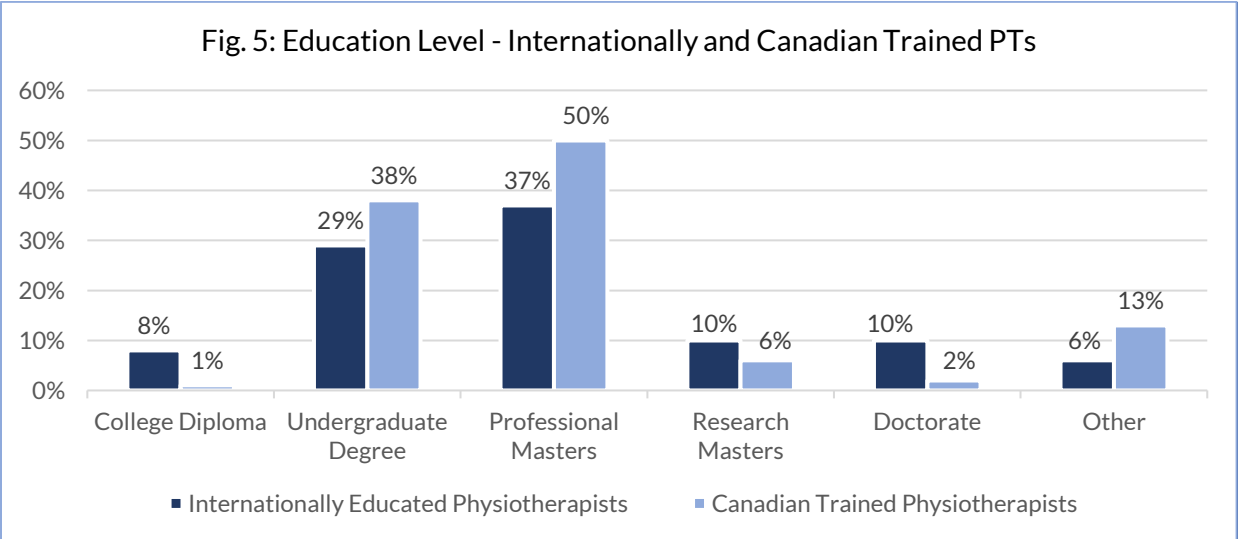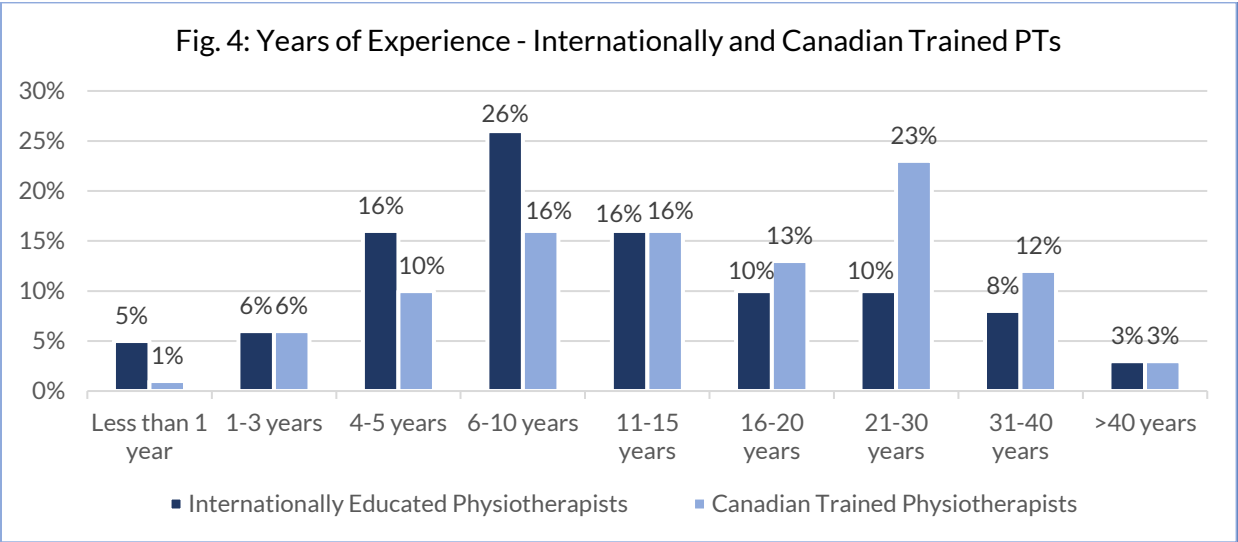
- Advanced Practice Clinician / Advanced Practice Physiotherapist
- Advanced Physiotherapist Practitioner
- Practice Lead - Rapid Access Clinics for Low Back Pain
- Total Joint Clinic Assessor
- Advanced Clinical Practitioner in Arthritis Care (ACPAC)
- Practice Lead / Practice Lead - Rapid Access Clinics for Low Back Pain

## INTERNATIONALLY EDUCATED PHYSIOTHERAPISTS

One of the survey objectives was to review the current employment profile of internationally educated physiotherapists (IEPTs). **279 IEPTs completed the survey.**

**Demographic Information**
The following bar graphs illustrate the demographics of internationally educated respondents, with a comparison to demographics of Canadian-trained respondents.

## Fig. 3: Practice Locations - Internationally and Canadian Trained PTs

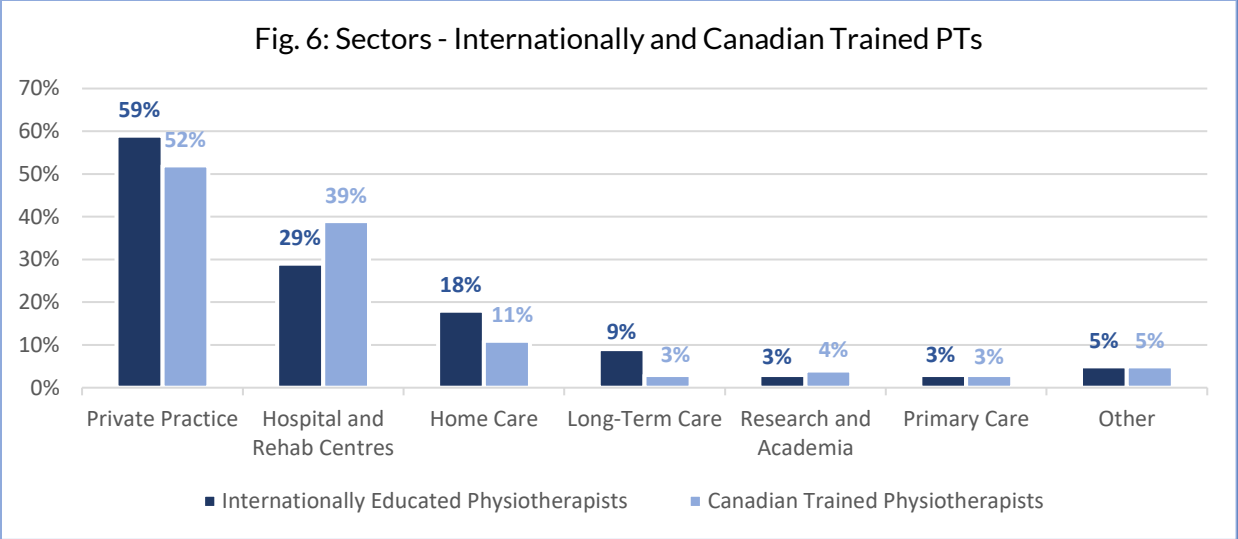| Location | Internationally Educated Physiotherapists | Canadian Trained Physiotherapists |
|---|---|---|
| Central | 28% | 19% |
| East | 25% | 27% |
| Toronto | 21% | 17% |
| West | 19% | 26% |
| North East | 4% | 7% |
| North West | 3% | 4% |

## Fig. 4: Years of Experience - Internationally and Canadian Trained PTs

| Years of Experience | Internationally Educated Physiotherapists | Canadian Trained Physiotherapists |
|---|---|---|
| Less than 1 year | 5% | 1% |
| 1-3 years | 6% | 6% |
| 4-5 years | 16% | 10% |
| 6-10 years | 26% | 16% |
| 11-15 years | 16% | 16% |
| 16-20 years | 10% | 13% |
| 21-30 years | 10% | 23% |
| 31-40 years | 8% | 12% |
| >40 years | 3% | 3% |

## Fig. 5: Education Level - Internationally and Canadian Trained PTs

| Education Level | Internationally Educated Physiotherapists | Canadian Trained Physiotherapists |
|---|---|---|
| College Diploma | 8% | 1% |
| Undergraduate Degree | 29% | 38% |
| Professional Masters | 37% | 50% |
| Research Masters | 10% | 6% |
| Doctorate | 10% | 2% |
| Other | 6% | 13% |

Fig. 6: Sectors - Internationally and Canadian Trained PTs

*Note: There are respondents that work in more than one sector making the percentage totals higher than 100% in the table.*

**Retention and Turnover**

18% (49) IEPTs indicated that they are planning or considering discontinuing work in the physiotherapy profession entirely or reducing your hours by over 50% during the next 12 months. Due to the diversity among this population and challenges in validating the data, compensation cannot be reliably reported. Efforts will be made to further examine compensation in this population group.

## PHYSIOTHERAPIST ASSISTANTS (PTAs)

The number of PTAs in Ontario is not known. The OPA has 40 PTA members, the survey sampling of PTAs was limited to 31 PTAs. As such, the PTA data may not be representative of the PTAs in Ontario, and there are limitations on what can be reliably reported on compensation. The following graphs illustrate the profile of PTA respondents.

## Fig. 7: Years of Experience - Physiotherapist Assistants

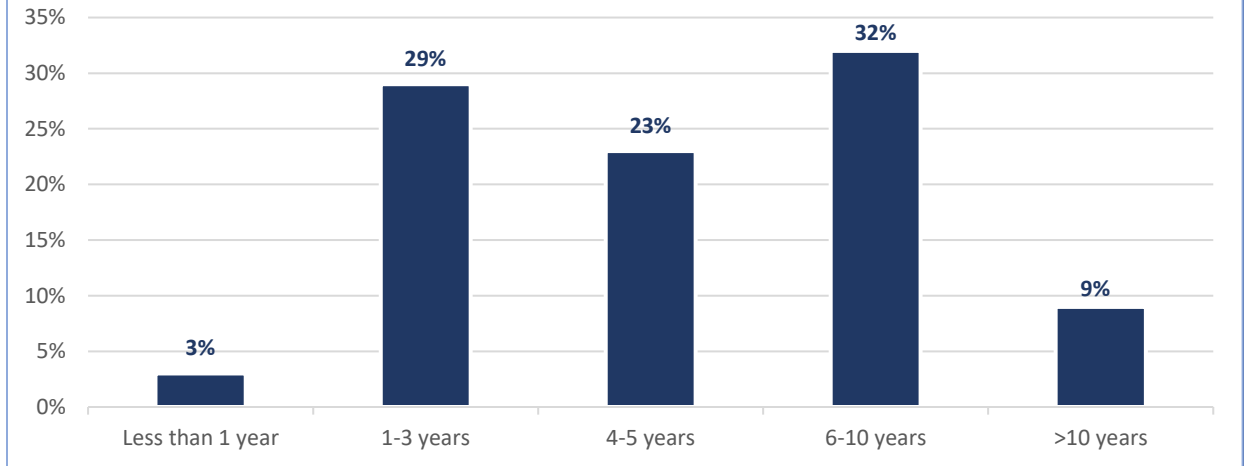| Years of Experience | Percentage |
|---|---|
| Less than 1 year | 3% |
| 1-3 years | 29% |
| 4-5 years | 23% |
| 6-10 years | 32% |
| >10 years | 9% |

## Fig. 8: Level of Education - Physiotherapist Assistants

| Level of Education | Percentage |
|---|---|
| College Diploma | 52% |
| Undergraduate Degree | 29% |
| On the Job Training | 16% |
| Other | 3% |