PROVINCIAL ALLIED HEALTH STRATEGY CONSULTATION

What We Heard:

Engagement Summary Report

December 2021

Governance
Critical
Learning
Differences
Skilled
Understanding
Partnerships
Strategic
Education
Flexible
Support
Diagnostic
Policy
Specialized
Practice
Important
Employees
Decision Making
Community
Organization
Primary
Surgical
Awareness
Defined
Service
Stakeholders
Career
Clinical
Strength
Identity
Humility
Value
Priority
Training
Recognition
Standardized
Recruitment
Students
Acknowledgement
Improve
Retention
Reported
Strong
Diverse
Team
Better
Helpful
Understanding
Expertise
Allied Health
Advancement
Wage
Equity
Workforce
Members
Optimization
Patient
New Graduates
Representation
Recognition
Access
Tools & Technology
Leadership
Care
Safe
Recognition
Opportunities
Safety
Healthy
Laddering
Contribute
Valued
Challenging
System
Mentor
Onboarding
Identity
Collaboration
Culture
Leaders
Preceptor
Scope
Professional
Workload
Feedback
Profession

Table of Contents

Preface 5

Acknowledgements 6

Executive Summary 7

Identity and Recognition 7

Leadership 8

Workforce and Practice Optimization 8

Recruitment and Onboarding 8

Retention 9

Education and Training 9

Partnerships and Collaboration 9

Introduction 10

Timeline 11

Scope of Consultation 12

Report Structure 12

Consultation Respondents 13

On- Line Survey Responses – General Information 13

On-line Survey Responses – Demographic Breakdown 14

Consultation Themes 15

Allied Health Definition 15

Theme 1- Identity and Recognition 16

Theme 2- Leadership 21

Theme 3- Workforce and Practice Optimization 25

Theme 4- Recruitment and Onboarding (including AHNG) 29

Theme 5- Retention 36

Theme 6- Education and Training 43

Theme 7- Partnerships and Collaboration 47

Next Steps..47
Appendix A: Survey Instrument 48
Appendix B: Post Focus Group Survey 70
Appendix C: Focus Group Questions 75
Appendix D: Focus Group and Info Session Participants 77

Preface

In Spring 2021, the Allied Health Policy Secretariat was asked by the Assistant Deputy Minister, Health Sector Workforce Planning and Beneficiary Services Division to create a three-year Provincial Allied Health Strategic Plan (Strategic Plan) that sets the vision, mission, philosophy, and definition of allied health in BC, as well as identifying strategic priorities, initiatives, and key performance indicators. The plan will be used to drive the Allied Health Policy Secretariat's priorities for the next three years, as well as to inform the Provincial Health Workforce Plan under development.

To inform the development of the Strategic Plan, the AHPS first conducted an evidence review and national/international interviews with jurisdictions who have implemented allied health strategies (United Kingdom, Scotland, New Zealand, Australia, Manitoba, and Alberta). Next, consultations, in the form of an on-line survey, virtual focus groups, post focus group survey, and general information sessions with allied health professionals and a broad range of stakeholders. The Allied Health Policy Secretariat has created the "What We Heard" report to be a systems level overview of the information the gathered from the consultations that will be used to validate the findings prior to moving forward with the strategy development.

Acknowledgements

We would like to acknowledge and thank the following individuals, committees, and organizations for their contributions to this report:

- Allied Health Professionals
- Allied Health Students
  - *Okanagan College, Camosun College, Thompson Rivers University, College of New Caledonia, University of British Columbia, British Columbia Institute of Technology, Vancouver Community College*
- BC Health Regulators
  - *College of Speech & Hearing Professionals, College of Chiropractors, College of Opticians, College of Dietitians, College of Traditional Chinese Medical Practitioners and Acupuncturists, College of Dental Hygienists, College of Occupational Therapists, College of Naturopathic Physicians, College of Optometrists, College of Physical Therapists, College of Massage Therapists*
- BC Care Providers Association
- British Columbia Association of Community Health Centres
- British Columbia Health Coalition
- College of Social Workers
- Federal, Provincial, Territorial Health Professions Credentials Working Group
- Health Authority Committees and Groups
  - *Health Authority Medical Affairs/Vice Presidents of Medicine; Health Authority Vice Presidents of Human Resources; BC Allied Health Professional Practice Committee; Provincial Nursing and Allied Health Council; Vancouver Coastal Health Allied Health Steering Committee*
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- Post Secondary Health Sciences Deans and Directors
- Professional Associations
  - *Physiotherapy Association of BC, BC Association of Social Workers, Canadian Association of Genetic Counsellors, BC Psychological Association, Canadian Association for Spiritual Care; Canadian Association of Occupational Therapists, Canadian Association of Medical Radiation Technologists, BC Anesthesiologists Society, BC Pharmacy Association, BC Respiratory Therapists Society; Speech and Hearing BC, BC Ultrasonographers Society, BC Paramedic Association, BC Society for Laboratory Science, Dietitians of Canada, Doctors of BC, Resident Doctors of BC, Canadian Society of Hospital Pharmacists*
- RADIUS SFU
- Team Based Care Advisory Group
- Unions and Union Members
  - *Health Sciences Association; CUPE 873; Health Employees' Union; British Columbia General Employees' Union; BC Nurses Union*

**We want to acknowledge the important contributions of our Indigenous partners to this work. Unfortunately, due to competing priorities related to COVID 19, wildfire management and recent devasting events surrounding former residential schools in BC, we were not able to seek comprehensive input and feedback for this report. We are committed to fully engaging our Indigenous partners moving forward to ensure their voice is heard and incorporated into our strategic plan.*

Executive Summary

It is a priority of the Ministry of Health to ensure the right supply, mix, and distribution of skilled health professionals is available to meet current and future patient and population health needs. We recognize the critical roles that the allied health workforce contribute to team based care and to the overarching provincial health care system. The persistent and increasing number of public sector job vacancies for allied health professionals has reached a critical point where our health system is at risk in key areas such as surgical and diagnostic services, primary and community care and seniors services. This is challenging the ability for the Ministry to meet its mandate and creating significant service delivery and patient care impacts.

In Spring 2021, the Allied Health Policy Secretariat (AHPS) was asked to create a three-year Provincial Allied Health Strategic Plan (Strategic Plan) to drive the AHPS's priority work. The Strategic Plan will set the vision, mission, philosophy, and definition of allied health in BC, as well as identify strategic priorities, initiatives, and key performance indicators. To inform the development of the Strategic Plan, the AHPS undertook a comprehensive evidence review, jurisdictional interviews and provincial consultation, consisting of an online survey, virtual focus groups, post focus group survey and general information sessions with allied health professionals and a broad range of stakeholders. Opportunities and issues related to 7 key areas of focus were gathered including: identity and recognition; leadership; workforce and practice optimization; recruitment and onboarding; retention; education and training, and partnerships and collaboration.

Key findings from the consultation include:

Identity and Recognition

- Consultation respondents acknowledged the use of the term 'allied health' which is widely recognized and utilized internationally and across the provincial health system. The majority of respondents felt the proposed allied health definition resonated with them either almost or completely. However, many felt that the proposed definition was too broad, reinforced a hierarchical medical model, and diluted their professional identity.
- Many consultation respondents did not feel their profession/ occupation was valued or understood by their organization and there are opportunities to contribute their professional expertise to inform service delivery / program design and quality improvement/ strategic planning.

Leadership

- Consultation respondents strongly expressed a lack of leadership opportunities for allied health and supported opportunities to improve career laddering, leadership development and allied health governance.
- Gaps in several leadership roles were highlighted including discipline specific clinical practice leaders, clinical educators and senior (excluded) executive which results in a lack of voice, representation and strategic decision making for the allied health workforce.

Workforce and Practice Optimization

- Consultation respondents highlighted the importance of working to their full scope of practice or level of training and receiving profession specific feedback on their clinical practice.
- Workload, lack of awareness of profession/understanding by management and lack of team members were top barriers to practicing to full scope.
- Differences between public and private practice were identified regarding the ability to work to full scope and participate in continuing professional development.

Recruitment and Onboarding

- A majority of survey respondents heard about their current position through employer websites or through word of mouth and that there were no incentives used to recruit them into their current position.
- Consultation respondents expressed the need for improved supports when starting a new position, particularly for Allied Health New Graduates (AHNGs), defined as allied health employees that have completed their educational training program but have not completed 18 months of employment.
- Focus group respondents reiterated the need for improved recognition of allied health professionals; a healthy, safe workplace culture; standardized HR policies and processes; enhanced leadership development and establishment of allied health leadership roles; flexible scheduling; wage parity between public/private and with other provinces; updated regulations; and support for collaborative practice models as opportunities to strengthen recruitment into the public sector.

Retention

- ❖ Although most respondents reported feeling satisfied with their current position and supervisor, many respondents felt that the current reporting structure and opportunities for career advancement could be improved.
- ❖ Many respondents are either undecided or considering leaving their current position and this is more pronounced in the public sector vs private sector.
- ❖ Top reasons for considering leaving their roles included not feeling valued; lack of leadership development/advancement; and compensation.
- ❖ Respondents reported that they felt their physical health and safety in the workplace was better supported than their psychological health and safety.

Education and Training

- ❖ Although most respondents had access to learning supports and professional development, there are barriers to obtaining these supports.
- ❖ Many respondents felt it was not their role to mentor or precept students, or lack the time, preceptor training support, space, tools and technology.
- ❖ Although most respondents felt that they had the skills needed to increase equity and accessibility and support diverse populations, many survey respondents expressed that they would find further post secondary and workplace supports helpful in doing so.
- ❖ Consultation respondents indicated that cultural safety and humility training is limited and inconsistent and were supportive of measures that would ensure that this training was equally accessible.

Partnerships and Collaboration

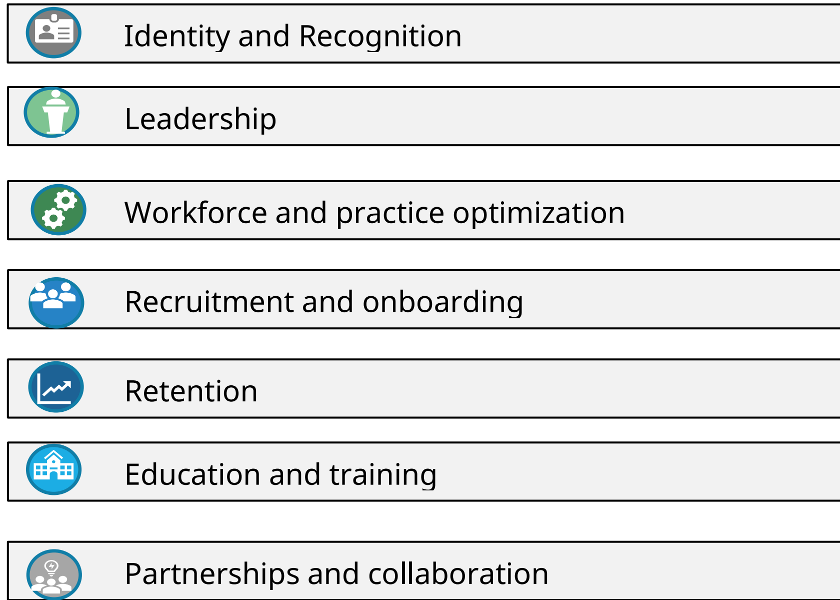
- ❖ Many allied health stakeholders felt the consultation process allowed their voices to be heard and would like to continue to collaborate and work with the AHPS on implementation and evaluation of the strategic plan.

Introduction

In June 2020, the Ministry of Health (Ministry) created the Allied Health Policy Secretariat (AHPS) to provide stewardship and focussed leadership in four key areas (education and training, recruitment and retention, practice/scope optimization, and partnerships and stakeholder relations) to more than 70 allied health professions and occupations providing vital health services to British Columbians. The allied health workforce includes approximately 58,000 individuals including providers in public and private practice, management roles, and frontline roles. Unionized employees are members of the Hospital Employees' Union, BC Government Employees' Union, CUPE 873 and Health Sciences Association.

Since its inception, the AHPS has supported several high priority health human resource issues related to the Ministry's strategic priorities. The COVID-19 pandemic has had a profound impact on the health care system and has created both new opportunities for some allied health professions (e.g., working in immunization clinics, contact tracing), as well as challenges (e.g., the impact on clinical placements, the health and wellness of the workforce). The persistent and increasing number of public sector job vacancies for allied health professionals has reached a critical point where our health system is at risk in key areas including surgical and diagnostic services, laboratory services, primary and community care, and specialized community service programs. This challenging environment impacts the ability for government to meet its mandate, as well as creates significant service delivery and patient impacts.

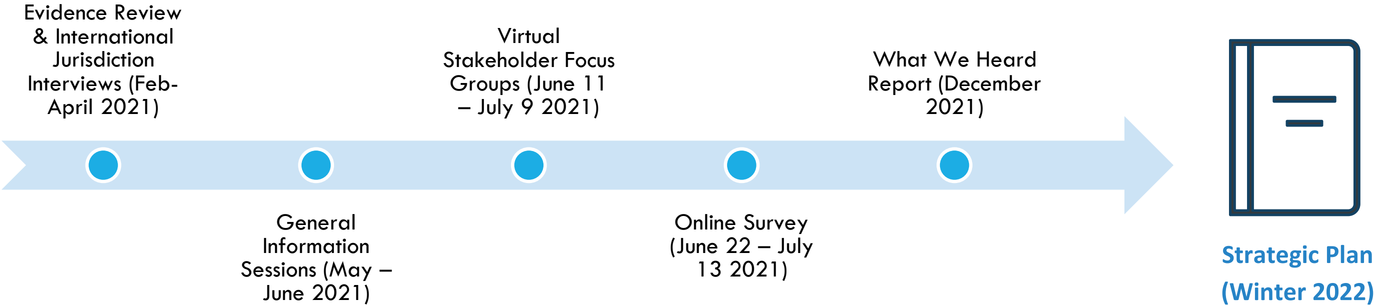
In Spring 2021 the Assistant Deputy Minister Health Sector Workforce and Beneficiary Services tasked the AHPS to create a three-year Provincial Allied Health Strategic Plan (Strategic Plan) to drive the AHPS's priority work. The Strategic Plan will set the vision, mission, philosophy, and definition of allied health in BC, as well as identifying strategic priorities, initiatives, and key performance indicators. To inform the development of the Strategic Plan, the AHPS first conducted an evidence review and national/international interviews with jurisdictions who have implemented allied health strategies (United Kingdom, Scotland, New Zealand, Australia, Manitoba, and Alberta). This work identified allied health workforce issues and opportunities related to seven key areas of focus including:



Next, the AHPS undertook a comprehensive provincial consultation between May and July 2021. An on-line survey was disseminated to allied health professionals (public, private, contracted) via health authorities, unions, regulators, and professional associations. In addition to the on-line survey, 19 virtual focus groups were held with key stakeholders to gain input at a system/organizational level. Additional feedback from the focus group participants was obtained via a post focus group survey. General information sessions were also provided to 28 stakeholder groups in order to create awareness of the work in progress to create a Strategic Plan.

This report summarizes the results of the AHPS engagement, including the on-line survey and focus groups. The report will be used to validate what we heard, and it will form the basis of the Strategic Plan which will be published in Fall/Winter 2021.

Timeline



Scope of Consultation

The allied health workforce supports multiple sectors, including the education and post secondary education sector, Ministry of Children and Family Development, Corrections, and others. The focus of the AHPS consultation was on BC's health sector, including public, private, and contracted services with a concentration on government strategic priorities, role optimization, high priority positions, and system efficiencies.

Feedback was accepted from June 11- July 13, 2021, in three ways: via an on-line survey, virtual focus groups, and post focus group survey. The on-line survey was available between June 22 to July 13, 2021 (See Appendix A for survey instrument) and had a total 5,653 respondents. 19 virtual focus group sessions, with a total of 172 individuals, were held between June 11 to July 9, 2021. Included in the focus group sessions were three frontline, unionized employee groups with a total of 32 participants and one allied health student group, comprised of 10 student participants (see Appendix B for post focus group survey, Appendix C for focus group questions, and Appendix D for full list of focus group and info session stakeholders).

It was also important to recognize the important contributions and perspectives of the physician and nursing workforce who work with allied health professionals in collaborative, team-based care models. Due to tight timelines and competing priorities with COVID 19, wildfire management, and recent devastating events surrounding former residential schools in BC, we were not able to consult with our Indigenous partners via focus groups. Focused engagement and collaboration with our Indigenous partners is a key priority moving forward to uphold government's commitment to lasting and meaningful Reconciliation and ensure an Indigenous voice is heard and incorporated into the strategic plan.

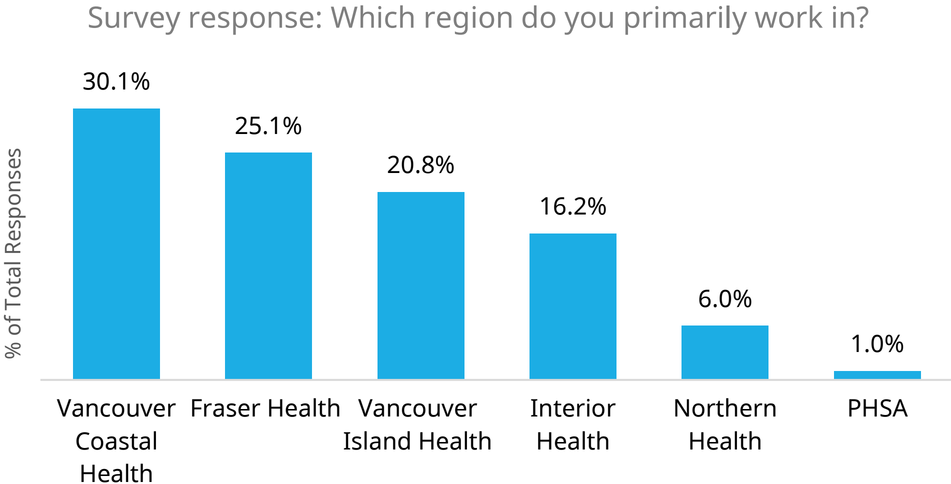
Report Structure

The consultation process focussed on the definition of allied health, as well as seven core areas (identification and recognition, leadership, workforce and practice optimization, recruitment and onboarding, retention, education and training, and partnerships and collaboration). The report structure identifies the intent of each section, highlights the survey findings, and provides a summary of what we heard throughout the focus groups.

Consultation Respondents

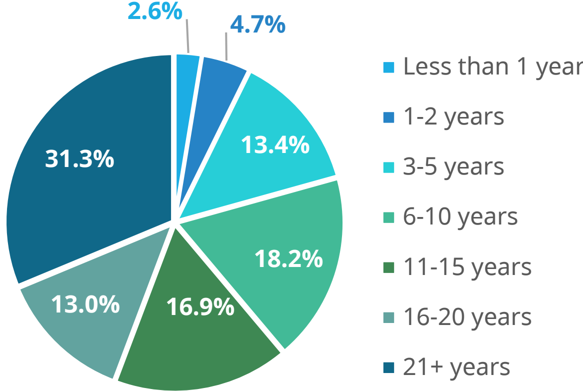
On- Line Survey Responses – General Information

A total of 5,653 surveys were completed. All health regions were represented, and although most respondents indicated that they worked in urban or metro areas, there was some participation from respondents in remote areas. Most survey respondents worked in the public sector, and 60.0% indicated that they are permanent full-time employees.



- Over 70 different allied health profession and occupation groups responded to this survey. The top three allied health professions that responded were physiotherapists, occupational therapists, and social workers.
- 45.0% of respondents indicated that they work in an area classified as Metro, 47.6% indicated that they work in an area classified as Urban, 5.8% work in an area classified as Rural, and 0.09% of respondents classified their area of work as Remote.
- 43.2% of respondents work locally, while 45.4% work regionally, 10.6% work provincially, and 0.09% work nationally.
- 69.7% of total respondents work in the public sector, while 21.2% work in the private sector, 6.8% work in both public and private sectors, and 2.3% work in the non-profit sector.
- When asked the current employment status of their primary position, 60.3% of respondents indicated that they were permanent full-time employees, 26.5% are permanent part time, 2.6% are temporary full time, 1.3% are temporary part time, and 4.7% are casual. Additionally, 4.0% of respondents are contract, 0.5% are not currently working, and 0.2% are retired.

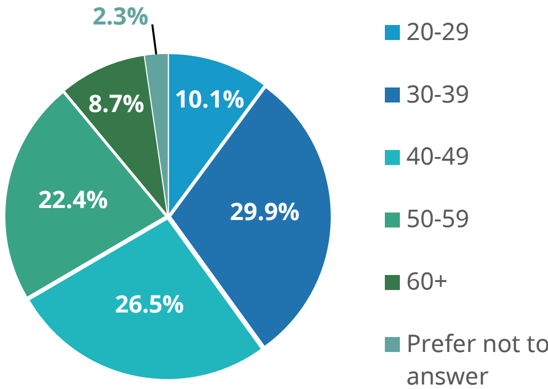
- 31.3% have worked as an allied health professional for more than 20 years.
- Of total respondents, 366 (6.5%) considered themselves to be an Allied Health New Graduate.



For the purpose of this report, an **Allied Health New Graduate (AHNG)** is defined as an allied health employee that has completed their educational training program but has not completed more than 18 months of employment.

On-line Survey Responses – Demographic Breakdown

- Although survey respondents reported ages across the spectrum, 48.9% of survey respondents were between the ages of 40 to 60 years.
- 102 respondents (1.8%) identify as Indigenous.
- 121 respondents (2.2%) identify as a person with a disability.
- 593 respondents (10.6%) identify as a non-Indigenous person of color.



- 77.0% of total respondents identify as female, 20.4% identify as male, 0.5% identify as non-binary, 0.1% preferred to self-describe and 2.0% indicated that they preferred not to answer this question.

Consultation Themes

Allied Health Definition

With no universal definition of allied health, there is inconsistency amongst stakeholders as to which professions are captured within the allied health workforce. This has implications for workforce planning and policy development and creates challenges for providing support to the allied health workforce.

Our evidence review showed that although all jurisdictions use the term allied health, there is no universal definition. A key outcome of the provincial consultation will be a common definition of allied health which resonates in BC. This approach aligns with emerging best practice as demonstrated in Scotland, England, New Zealand, and Australia - all of which have recognised the need for greater policy capacity and focussed leadership to support the development of allied health professionals in transforming the health system. The objective of a provincial definition of allied health is to clarify who is included in the allied health workforce to support effective policy and program development. Defining allied health is a necessary step to recognize, support and develop the roles of allied health in BC's public health care system, especially as the Ministry moves to a more integrated system of care.

For consultation purposes, the following draft allied health definition was proposed for stakeholder feedback:

"The Allied Health Workforce is made up of a diverse range of health professionals and occupations, both regulated and unregulated. They provide preventative, diagnostic, rehabilitative, mental health, nutrition, and therapeutic services in a variety of settings. Allied health often works in collaboration with physicians, nurses, patients, clients, residents, families and others to optimize team-based care."

To be considered part of the allied health workforce, the Ministry proposed the following criteria:[1]

[1] Criteria adapted for B.C. from: Lowe, S., Adams, R., & O'Kane, A. (2007). A framework for the classification of the health professional workforce. SARRAH Background Paper. Australia. Retrieved from: https://sarrah.org.au/sites/default/files/docs/framework_for_the_categorization_of_the_australian_health_workforce_summary_statement_august_2007.pdf

- Completion of post-secondary education and training that meets profession or occupation specific qualification requirements other than medical and nursing related training, and
- Provides direct patient care or supports patient/ resident/ client care, and
- Develops/ contributes to/informs the treatment plan.

Feedback on the definition of allied health is included in Theme 1 – Identity and Recognition.

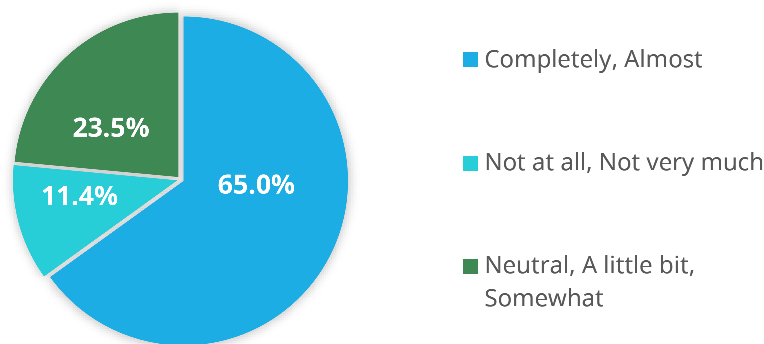
Theme 1- Identity and Recognition

Survey and focus group questions within this theme sought to gather perspectives on the proposed definition of allied health, understand where the term allied health is currently used, what professions/ occupations consider themselves part of the allied health workforce, and whether allied health professionals feel valued.

Overall, consultation respondents acknowledged the use of the term 'allied health' which is widely recognized and utilized internationally and across the provincial health system. The majority of respondents felt the proposed definition resonated with them either almost or completely. However, many felt that the proposed definition was too broad, reinforced a hierarchical medical model, and diluted their professional identity.

- 75.5% survey participants use the term allied health within their organization and/ or sector and 87.5% consider themselves part of the allied health workforce.
- 65.0% of survey participants felt the proposed draft definition resonated with them either almost or completely.

To what degree does the following definition resonate with you?



The top five reasons selected for why the definition did not resonate:	
It dilutes my professional identity	29.7%
It's too broad and includes too many occupations	18.8%
My work is more closely related to medical/ physician practice	6.0%
I am an autonomous practitioner	2.3%
I don't provide or support direct patient/ client/ resident care services	1.3%

- Overall, 56.6% feel their profession/ occupation is valued by their organization. Allied health working in private practice roles were more likely to strongly agree that they feel valued (46.0%) than those that work in the public sector (14.0%).
- 46.8% of survey respondents feel they have opportunities to contribute their professional expertise to inform service delivery / program design and quality improvement/ strategic planning. Those respondents working private practice were more likely to strongly agree (31.8%) than those working in public (11.6%).

Focus Group Responses

Terminology: Similar to the survey results, responses related to the use of the term 'allied health' were echoed in the focus groups and post focus group survey with 71.5% and 76.7% respectively responding yes to the use of the term 'allied health' within their organization. However, many participants did not support use of the term 'allied' and suggested other names to describe the collective of professions/occupations distinct from medicine and nursing including: health science professionals, health and human service professionals, collaborative health, health and care professionals, or health system professionals.

Definition: Responses to the allied health definition for focus group and post focus group survey participants indicated less agreement with the proposed definition, with 49.0% and 50.0% of participants respectively either almost or completely agreeing the proposed definition resonated with them. Similarly, with the survey responses, focus group participants felt there was an opportunity to strengthen the definition by narrowing the scope of professions, reducing the length and incorporating recognition of the highly specialized skills and training of allied health professionals. Much of the feedback indicated that the definition could help highlight the value and differentiate the allied health workforce from medicine and nursing and provide some clarity that some allied health professionals work autonomously. Regulated allied health professionals in particular want to be recognized for their autonomous practice and decision making and, in some cases, feel that the term allied health should be restricted to regulated health professionals only, as in some of the international jurisdictions. There was also some support to consider only

those professions that work in the public health care system as one way to narrow the definition and inclusion criteria.

Important aspects of allied health that were identified as missing from the definition included the fact that allied health professionals work across the life span; in leadership, management, and operation of the health system; and contribute to research, policy and best practice. In addition to calling out preventative, diagnostic, rehabilitative, mental health, nutrition, and therapeutic services, participants suggested adding primary care, psycho-social, wellness, and spiritual health services.

Several participants suggested grouping of professions/streams to recognize the various specializations under the collective term of allied health, either by function (diagnostic, therapeutic, rehabilitative, etc.); service based (acute care, long term care, community care, etc.) or aligned to the proposed regulatory framework. Other important considerations included how to incorporate public health professionals (e.g., dental hygienists); less formalized, yet critical roles of peer support workers and Indigenous Healers/Elders/Patient Navigators; and where non-clinical occupations like medical office assistants, and equipment technicians fit in. There was also confusion on whether or not health care assistants were considered allied health.

With respect to inclusion and exclusion criteria for who is considered part of the allied health workforce, there was strong support for some level of post-secondary education and training; evidence-informed practice; qualification/certification process; direct role in patient/client/resident/family care; and competency standards/ongoing quality assurance. Participants did not feel it was important to include the reference to medical and nursing professions. It was noted that criteria may change depending on how we define allied health, and there may need to be separate inclusion criteria for different streams or groupings.

Awareness and Recognition: Focus group participants reiterated the need to broadly raise awareness and recognition of the allied health workforce in BC, through marketing and public awareness campaigns; media events/news releases; educational materials for medical professionals, nursing professionals, and the public on allied health professions' scope of practice and training published on government and/or health authority websites; webinars showcasing team based care case studies and value of allied health professions interventions; interprofessional education opportunities and clinical placements; professional associations working together for a stronger, collective voice; appointing discipline specific specialists and allied health leaders; ability for career advancement; scope optimization; equal representation at decision making tables; enhanced research and

reporting on contributions of allied health professions; stronger linkages with career and personal planning sessions with high school students; career laddering/learning pathways for existing practitioners; Master's and doctoral pathways for advancement in practice or leadership; development of an allied health leadership table with representation from all professions; opportunities for leadership and educator roles within healthcare; and proclaim a special day in recognition of allied health professionals.

"I feel like allied health is under appreciated UNTIL you are needing a mammogram, or a swallowing assessment, or a CT scan...then suddenly people realize the importance of other professions." – Focus Group Participant

HSA and HEU Members' Focus Group Perspectives

HSA and HEU union members were asked if they considered themselves part of the allied health workforce and 78.0% responded yes. When asked if the term 'allied health' is used in their organization or sector, 66.7% of HSA members responded yes, compared to 45.5% of HEU members. Similarly, when asked 'do you considered yourself an allied health professional?', 76.2% of HSA members responded yes compared to 81.8% of HEU members.

When asked why the definition of 'allied health' did not resonate with them, HSA members felt that it was too broad, that it should only focus on public practice, and that it needed to incorporate the lifespan. HEU members felt that they were not seen or reflected in this definition, that they did not work as part of a team, and that it did not fully address or recognize the impact and scope of allied health professions.

Focus group participants were then asked what opportunities should be considered to improve recognition of the allied health workforce. The more dominant suggestion from HSA members was improved pay, followed by a change in reporting structure and increased public education through various media. HEU members also highlighted the need for more understanding, awareness and respect from the public as well as other health care members, along with wage increases and more opportunities to advance.

"This is the first time I feel that the government is actually reaching out to allied health to discuss our issues." – HSA Member

Allied Health Student Focus Group Perspectives

The student focus group was asked if the term 'allied health' was used in their organization or sector. 50.0% responded yes to this question. When asked if the proposed definition of 'allied health' resonated with them, 90.0% responded yes.

The student group liked that collaboration was highlighted in the definition, that it promoted patient-centred care, and that it recognized all stages of health promotion. When asked what influenced them to choose a career in publicly funded health care, the top drivers for this student group was helping people, opportunities for advancement, as well as the use of technology in their chosen occupations or professions.

The student group was asked what should be done to attract students into post-secondary allied health education programs. The top suggestions were to promote allied health professions more in secondary schools, financial supports, grants, and incentives, and more information and general understanding of allied health roles. When asked what was important to them in considering their first role upon graduation, the student group mentioned job security, or secure full-time employment, varied opportunities, and flexibility, including work hours and a respect for work/life balance.

"People are unaware of what allied health is. High school would be an excellent place to start bringing awareness. So many people want to be in the health care field, but all they know is doctors and nurses." – Student Participant

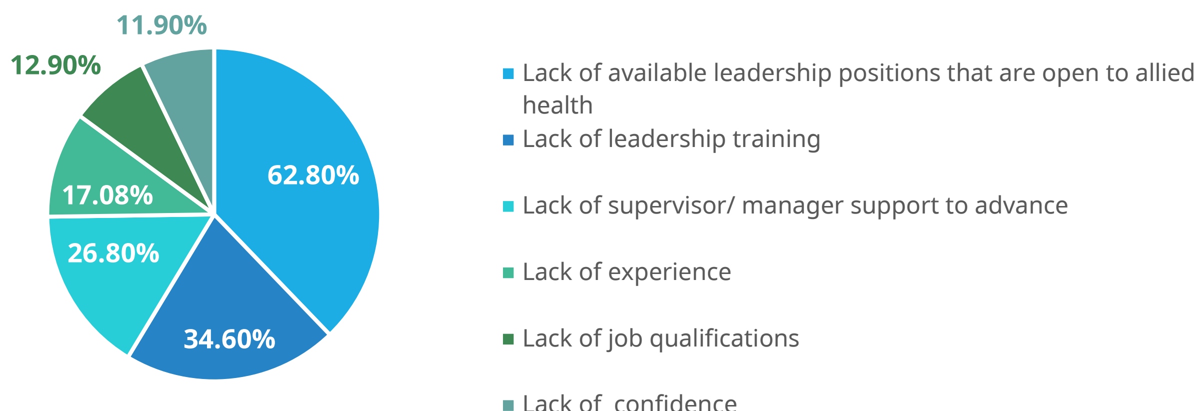
Theme 2- Leadership

Leadership questions looked at how leadership opportunities and career advancement is supported for allied health roles. The survey questions also sought to understand barriers that exist for career advancement and/or development, and what opportunities are currently available. Focus group questions probed for what opportunities exist to increase the allied health voice, leadership, and governance in the health system.

Consultation respondents strongly expressed a lack of leadership opportunities for allied health and supported opportunities to improve career laddering, leadership development, and allied health governance.

- 33.6% of survey respondents either strongly disagreed or disagreed that leadership is promoted/ supported as part of the allied health career in their organization.
- 39.7% of survey respondents do not feel that there are clear opportunities to serve as leaders in areas where they have clinical/ professional expertise in their organization and 62.8% identified access to available leadership position as a barrier to career advancement.
- 40.6% of survey respondents do not feel they have a clear path for career advancement and/ or development to a leadership role.
- When responses were broken down by self identification, the following groups either disagreed/strongly disagreed they had a clear path for career advancement and/or development into a leadership role:
    - 68.0% of those who identified as non-binary
    - 61.4% of people who identified as having a disability
    - 50.5% of those who identified as Indigenous
- Males were least likely to disagree (43.0%) that they had a clear path for career advancement.

➢ 32.7% of survey respondents were unsure what leadership roles are currently available to them as an allied health professional in their organization, and very few (3.3%) identified senior leadership roles being available to allied health.



The top five leadership positions that were identified as being available to allied health:

Position	%
Profession specific clinical practice leader	27.9%
Allied health clinical educator	16.0%
Manager of professional practice	11.8%
Director of professional practice	6.8%
Executive director/ senior executive roles	3.3%

Focus Group Responses

Focus group responses supported survey data in identifying an inequity in several leadership roles, including clinical practice leadership, clinical educator leadership and senior executive leadership. This has resulted in a lack of voice, representation, and strategic decision making for the allied health workforce and represents a significant driver for public to private sector recruitment. Respondents called for the need to "blow up" existing structures to significantly change the culture and establish allied health senior executive leadership portfolios and separate clinical governance structures in health authorities. Suggestions included consideration of:

- Chief Allied Health Officers (similar to Chief Nursing Officer or Chief Medical Officer)
- Allied Health Professional Practice Directors/Regional Directors

- Allied Health Clinical Educators
- Discipline Specific Clinical Practice Leaders

The allied health workforce wants recognition that their professions are separate from nursing, and that they should be viewed as equally as important in the health care system. Inconsistent leadership/reporting structures between allied health and nursing were identified as having caused tension and reduced morale in the workplace. Focus group participants called for excluded management/ leadership postings to be clear that non-nurses can apply and suggested to review/update job descriptions for inclusivity.

"Help various groups feel like they have a seat at the table. Allied health is often the lone voice (outnumbered), leaders who emerge get exhausted quickly when asked to represent allied health amongst powerful voices from nurses and physicians." – Focus Group Participant

Lack of career development/advancement and mentorship for leadership roles was also a common theme in focus groups and supports survey responses. The need for leadership development training for allied health was emphasized in focus groups so that allied health professionals can move beyond point of care positions. They noted that it is important to create a growth mindset and ensure succession planning is in place to help support career pathways for allied health professionals.

Many focus group respondents called for a review of the classification and compensation system for allied health professionals to lead non-allied health roles. They stated that the current classification system has resulted in the devaluation of supervisory positions.

Another key theme to enhance leadership mentioned in focus groups was to increase awareness and recognition of allied health by other health professionals. Many focus group participants felt that their health professional colleagues lack the knowledge of the diverse range of allied health professions and don't understand the scope of practice, training, and value that they each provide.

HSA and HEU Members Focus Group Perspectives

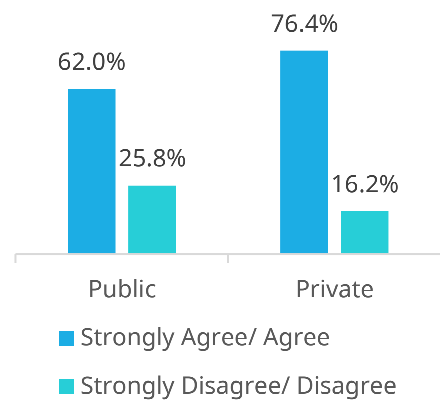
HSA members cited various opportunities for consideration to increase leadership (personal, clinical education, clinical practice) and career development/advancement in their organizations. These included leadership training, mentorship and support, as well as providing opportunities for allied health to enter leadership roles, and for hiring profession specific educators. HEU members responded that they would like to see more leadership opportunities, more instances where staff were supervised by those in similar positions, as well as dedicated training staff, and making sure that staff attending training were adequately backfilled so they could focus on learning.

When asked what changes they recommended for their current leadership and reporting structure, HSA members responded that they would like to report to allied health rather than a nurse and would like to see more opportunities for allied health to move into leadership roles. HEU members similarly highlighted the need for greater supervisor understanding and a more appropriate supervising structure, where allied health workers are supervised by other allied health professionals. Additionally, HEU members would like to see more encouragement and opportunities for career advancement.

Theme 3- Workforce and Practice Optimization

This theme explored how well allied health roles are understood within the team, as well as by supervisors and leadership. It looked at practitioners' confidence in their competencies, availability, knowledge of tools and technology, and participation in professional development. It also surveyed the enablers and barriers to practicing to full scope/ level of training.

Consultation respondents highlighted the importance of working to their full scope of practice. Differences between public and private practice were identified within the survey results regarding the ability to work to full scope and participate in continuing professional development.



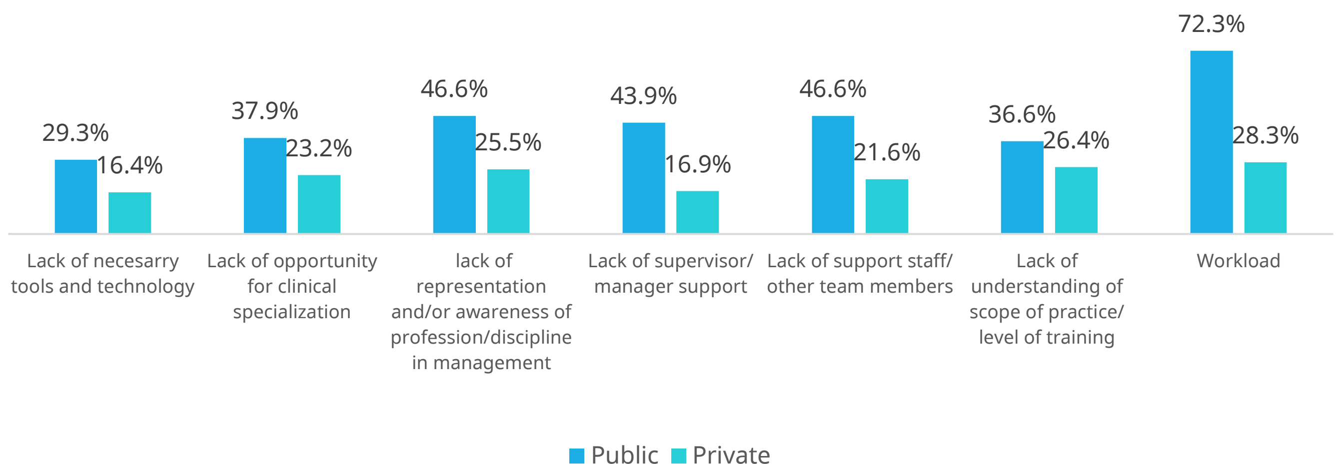
- 65.5% of survey participants (public and private) either strongly agreed or agreed to the statement "I am able to practice to my full scope of practice/ level of training in my current role". However, when comparing responses between the public and private sectors, the responses indicate 76.4% of respondents working in the private sector are able to work to their full scope of practice, compared to 62.0% of those respondents who worked in the public sector.
- 59.9% agree or strongly agree that their practice is well understood by other team members/ clinicians and 46.2% feel their practice is well understood by their supervisor/managers.

The top five activities selected to continually advance the knowledge and understanding of allied health practice and practice environments:

Continuing professional development	83.4%
Peer to peer learning	59.9%
Formalized education/ training	44.4%
Community of practice	27.0%
Mentorship	23.1%

- 92.9% of survey respondents feel they have the competencies required to fill their job responsibilities; however, only 23.1% of respondents receive profession specific feedback on their clinical practice.

- 67.5% of respondents agree or strongly agree that there are modern tools and technology available to support their clinical practice; 73.2% agree or strongly agree that they have the knowledge, skills, and abilities to optimize patient care/ student learning through tools and technology; and 58.0% agree or strongly agree they have the knowledge, skills, and abilities to optimize patient care/ student learning through tools and technology.
- Despite being the top method of advancing knowledge and skills, many survey respondents highlighted a lack of access to continuing professional development opportunities due to a lack of funding, support from their supervisor or organization, time, or workload. When comparing the public and private sectors participation in learning and development, those working in the private sector indicate more participation in continuing professional development (93.2%) and formalized training (50.7%) than allied health members working in the public sector (77.5% continuing professional development; 40.4% formalized training).
- When asked about the enablers and barriers to practicing to full scope/ level of training, there were fewer barriers identified in the private sector than in the public sector. Workload and lack of representation and/ or awareness of professions/ discipline in management were identified as the greatest barriers in both sectors.



Top five enablers and barriers to working to full scope/ level of training:

Enablers	Barriers
• Manageable workload (60.3%) • Professional development opportunities (59.7%) • Supervisor/ management support (53.8%) • Understanding of scope of practice/ level of training (53.1%) • Availability of support staff/ other team members (52.8%)	• Workload (63.7%) • Lack of representation and/ or awareness of profession/ discipline in management (42.9%) • Lack of support staff/ other team members (41.8%) • Lack of professional development opportunities and/ or ability to access education leave (40.9%) • Lack of supervisor/ management support (38.7%)

Focus Group Responses

Focus group participant feedback on workforce and practice optimization supported what we heard in the on-line survey, highlighting several factors that impede the ability for allied health professionals to work to their full scope of practice and level of training (particularly in the public sector) including heavy workload/large caseloads; inadequate staffing and insufficient flexibility in work schedule; lack of clinical practice leadership, clinical support tools, standards, and quality practice environments; lack of awareness/ understanding and recognition of allied health professionals scope of practice, expertise, level of training and clinical judgement; and regulatory barriers. Unlike the survey responses, focus group participants highlighted deteriorating capital equipment, outdated tools and technology, lack of access to electronic medical records, and lack of space as barriers to practice.

Many participants expressed that the Health Professions Act Modernization and proposed regulatory framework is a welcomed initiative.[2] However, they also expressed frustration at the "excessive bureaucracy" to expand scope of practice; current "outdated" regulations for many professions; and the inability for a new occupation to become regulated, which in their view would help to legitimize the contributions of many more allied health occupations and improve patient care. Lack of regulatory oversight and non-standardized job descriptions for unregulated occupations was also noted as a barrier to workforce and practice optimization. "Turf protection" and power dynamics with other health professionals feeling threatened by allied health professionals working to their full scope was also cited as a barrier.

[2] Professional Regulation and Oversight Branch, Regulating Health Professions – Modernization. https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation

Participants felt that team-based care/collaborative practice models are enablers for allied health professionals to work to full scope, as long as there are adequate staffing levels. Otherwise, "*when stretched, you only put out fires…you don't have the bandwidth to practice to full scope*". Participants reiterated the need for increased FTEs for caseload management, vacancies, and backfilling medical/vacation/education leaves, etc. In private practice, respondents highlighted that there is more flexibility for work-life balance and being able to practice to their full scope, with less restrictions.

Consistent with survey findings, focus group participants highlighted support and access to ongoing education/training and continued professional development as an important enabler to optimize practice, especially with technological advancements and emerging therapies. Health system leadership by allied health professionals to help raise awareness regarding scope of practice, level of training and operational alignment to health care needs was also raised as an enabler for workforce and practice optimization.

HSA and HEU Members Focus Group Perspectives

When asked what the barriers were for allied health professionals to practice to full scope or level of training, HSA members indicated that the top three barriers were regulation, a lack of understanding of the role or scope by leadership or other members of their team, and unmanageable workloads. HEU members also mentioned a lack of clarity around scope – either working outside of scope or not working to scope, excessive workload and responsibility, as well as issues with training.

Members were also asked to what degree they were currently practicing to their full scope or level of training. 0% of HSA members selected 'completely', compared to 18.2% of HEU members.

When asked what should be considered to support allied health professionals to practice to full scope, HSA members identified support for continuing professional development, regulation, and more staff as most important. HEU members responded that greater understanding for staff and respect from management and supervisors, reclassification of position, and better wages were important in order to support practicing to full scope.

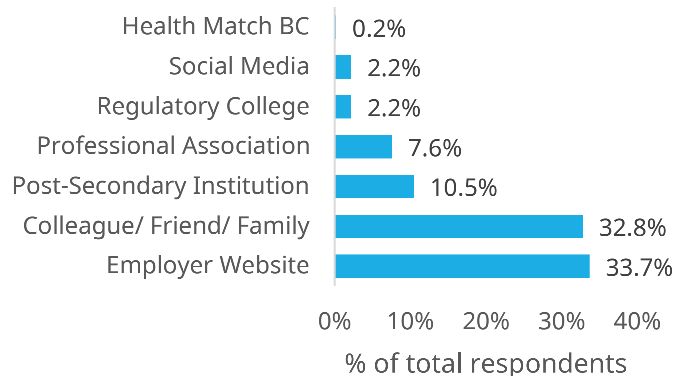
"The most severe or affected patients get almost all the care, and the less severe, often more treatable ones, get nothing." – HSA Member

Theme 4- Recruitment and Onboarding (including AHNG)

Survey questions in this section asked about how respondents heard about their current position, whether any recruitment incentives were available to them, and what supports were available to them in their transition to practice and orientation to their current role. Specific survey questions were also posed for Allied Health New Graduates (AHNG). Focus group questions asked what is working well and what new opportunities should be considered to strengthen recruitment and onboarding of the allied health workforce, including how to support Internationally Educated Health Professionals.

Most survey respondents heard about their current position through their employer's website or through word of mouth. A majority of survey respondents reported that there were no incentives used to recruit them into their current position. However, they were able to provide an idea of what attracted them to their current position.

- 66.5% of survey respondents heard about their position through an employer website or through a colleague, friend, or family. Some respondents also indicated that they heard of their position through their post-secondary institution or through their professional association.



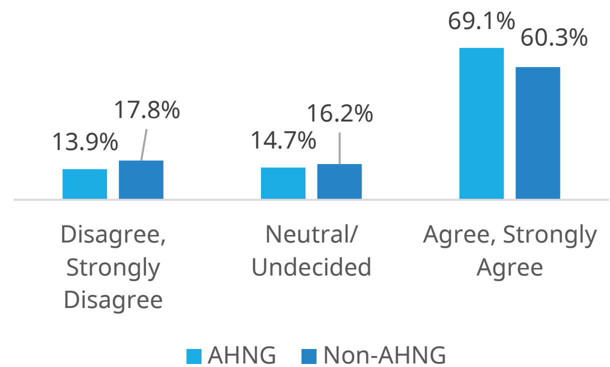
- 76.2% of survey respondents indicated that incentives were either unavailable or not used when they were recruited to their current role. 5.7% indicated that they received travel and relocation expense reimbursement, while 2.1% received professional association fee reimbursement, and 2.0% received regulator college registration fee reimbursement.

The top five factors that attracted survey respondents to their current position:

Factor	%
Work location	55.1%
Schedule/Hours	51.9%
Practice Area	49.6%
Benefits	38.5%
Learning opportunities	33.3%

Survey respondents overwhelmingly indicated that supports were not available to them when they were starting their current position. The most accessible support was new employee practice or role orientation, but only 3.5% of respondents indicated that this was available to them.

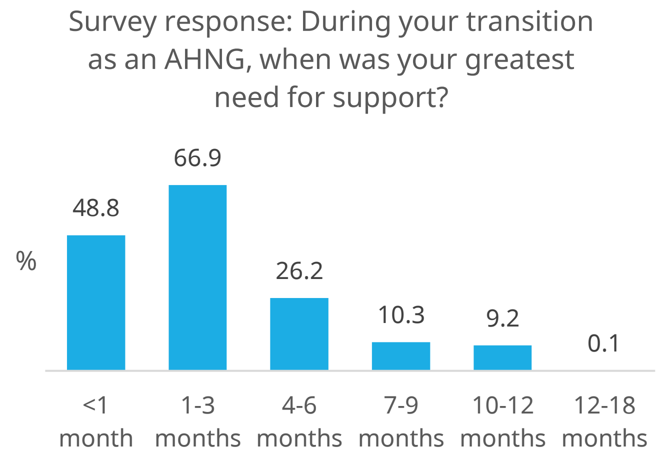
- 76.3% of survey respondents indicated that they had the capacity to support and orientate new staff when required, while 15.4% said they do not, and 8.3% responded that they were unsure.
- When asked if they received adequate orientation when they started their current role, 24.8% of respondents either disagreed or strongly disagreed, 54.4% of respondents either agreed or strongly agreed, and 15.5% of respondents were neutral or undecided.
- When asked if they felt supported in the transition to practice in their current role, 17.4% of respondents either disagreed or strongly disagreed, 60.9% of respondents either agreed or strongly agreed, and 16.3% were neutral.



- Allied Health New Graduates (AHNGs) responded similarly when asked if they felt supported in their transition to practice in their current role. AHNGs were slightly more likely to agree or strongly agree that they felt supported, and slightly less likely to disagree or strongly disagree.
- Overall, most respondents reported they did not receive supports when starting their current position. Of those that did receive supports, the top supports were new employee practice/ role orientation (3.5%) and new employee site orientation (3.0%).

Survey respondents expressed the need for improved supports for AHNGs, defined as allied health employees that have completed their educational training program but have not completed 18 months of employment.

- AHNGs experience the greatest need for support in the first 3 months after graduation (66.9%)
- 41.4% were less than satisfied with the supports they received as AHNGs
- The most common supports that AHNGs received were new employee practice/role orientation (57.4%), new employee site orientation (49.6%), and informal peer mentorship (37.3%)



- Respondents identified a multitude of supports that would be beneficial to them during the AHNG transition period including mentorship, various forms of new employee orientation, and hands-on learning/clinical practice

AHNGs wrote about the barriers they faced during their transition to practice and described their experiences when they first started working. Thematic analysis identified themes of isolation, inadequate supervision and leadership, inexperience, organizational/team culture, and workload as key issues.

- A common theme that ran throughout AHNG responses was the barrier of isolation. When AHNGs worked as the sole member of their profession at a team/location, worked remotely, support was difficult to access, if available at all.
- Inadequate supervision was a major barrier in the AHNG transition to practice. Respondents reported that they did not receive enough supervision and feedback from experienced practitioners.

> *"I was alone and felt inadequate and terrified I would make things worse"*
> *– AHNG Survey Respondent*

- Some respondents felt that they were not prepared for the workforce and that they lacked the knowledge to succeed when they transitioned to practice.

- Another identified theme related to team and organizational culture. Some respondents reported working on teams that responded with reluctance, frustration, or even hostility at AHNGs that asked for assistance. Some respondents also felt that their profession was not well understood or respected, resulting in hierarchical relationships and structures.

> *"[My team] never asked each other for help, opinions, or feedback – this reinforces the feeling that asking questions will make you appear unqualified or incompetent"*
> *– AHNG Survey Respondent*

- AHNGs described feeling shocked and overwhelmed by the high workloads they encountered when they started working in their disciplines. Workload pressures also made it difficult for staff to provide training and support to AHNGs.
- Some respondents commented on the challenges that the COVID-19 pandemic brought and how they exacerbated existing challenges to AHNGs.

Thematic analysis of AHNG responses to open-ended survey questions also identified improvements and supports that could be provided to better support AHNGs.

- AHNGs would benefit from lengthier, more thorough, and formalized orientation processes. While more time focusing on clinical practice was important to respondents, they also said they would be better supported if orientation spent time reviewing administrative and HR processes.
- Many respondents also reported they would benefit from dedicated time with experienced clinicians in their profession, such as shadowing, formal mentorship, and structured programs for new graduates.
- Respondents also identified educational and professional development resources as beneficial to AHNGs, such as having a dedicated education lead for allied health, written resources, and leadership streams.
- AHNGs reported needing more dedicated time for learning, such as through supernumerary time, reduced caseloads when starting out, or time set aside for reflection.

Some AHNGs also recounted good experiences and smooth transitions. The supports that these respondents received that contributed to their positive experience largely echoed the recommendations described above.

Focus Group Responses

Although focus group participants pointed out several initiatives that are working well with respect to recruitment and onboarding, including the increase of allied health positions in primary care networks and more flexible, innovative employer supports, most of the feedback focussed on new opportunities that should be considered to strengthen this area. Thematic analysis of focus group responses revealed the following key strategies for improving recruitment and onboarding of the allied health workforce:

Leadership:

- Access and development of allied health specific leadership roles, including discipline specific clinical practice support and clinical educator positions
- Career pathways/laddering/advancement
- Leadership development and training

Education and Training:

- New grad supports/mentorship/orientation/traineeships
- Rural pathways/education/support; trainee funded positions for advanced practice/specialization
- Apprenticeships and co-op learning models; accelerated timelines for partial credit; return of service policies
- Cross training/dual roles across sectors/micro-credentialling
- Collaborative education and practice/team-based care placements
- Employed Allied Health Student Programs (similar to Employed Student Nurse Program)

Compensation and Scheduling:

- Flexible scheduling and positions
- Public/private flexibility in hiring
- Wage parity with other provinces and between public and private sector

Recruitment:

- Targeted incentives (signing bonus; housing initiatives; subsidized education; loan forgiveness; childcare)
- Community level recruitment; paid training; in-house training for rural and remote communities

- Government sponsored recruitment programs/initiatives
- Partnerships with high schools and post-secondary institutions; assign allied health recruiters for critical job vacancies
- Standardized hiring practices/job descriptions

Regulation and Scope Optimization

- More ability to work to full scope
- Regulatory reform/modernization/updates to reflect current scope
- Reduced barriers for registration

Culture and Recognition:

- Improved health authority culture/work environment/workload
- Recognition of allied health professionals/value/understanding of roles with other health professionals and system leadership

HSA and HEU Members Focus Group Perspectives

HSA and HEU members were asked what influenced them to choose a career in publicly funded health care. HSA members highlighted the stability and security of the public sector, the benefits that were available to them, and the opportunity to work in a team and collaborate as their top drivers to work in publicly funded health care. HEU members similarly indicated that wages and benefits drew them to the public sector, as well as the desire to contribute and work with people.

When asked what should be done to attract new grads/ others into publicly funded health care, HSA members cited comparable wages to the private sector and other jurisdictions, more opportunities for advancement, fostering of a positive work environment where employees feel valued, and support for staff working to full scope of practice as recommended recruitment tools. HEU members emphasized better wages, workload management, and employers paying for licensing and continuing education credits as ways to recruit more allied health professionals to public practice.

"In the private sector, they pay for your licensing, they will help you with continuing education credits…none of that is offered through the hospital." – HEU Member

Allied Health Student Focus Group Perspectives

When asked what supports they would benefit from for clinical education or training and transition to practice, focus group participants highlighted guidance on job vacancies, practicums and clinical placements, as well as mentorship or support systems as important factors in transitioning to practice. When asked what was important to them to support career development, participants mentioned attending workshops or educational opportunities to promote career development, and role clarification or specificity.

These students were asked how team-based care and collaborative practice was supported in their training. They responded that community programs and collaboration with other programs was a significant part of their training, as well as other forms of education. Participants mentioned that simulations, as well as online networking tools like Zoom and Microsoft Teams were forms of modern tools and technology used to support their clinical education and training.

" As a new graduate, it's important to have a really good mentor to be able to guide me and show me the roles – it's really important for other coworkers or clinical leads to foster a safe and supportive workplace environment for new grads coming into the field." – Student Participant

Supports for Internationally Educated Health Professionals

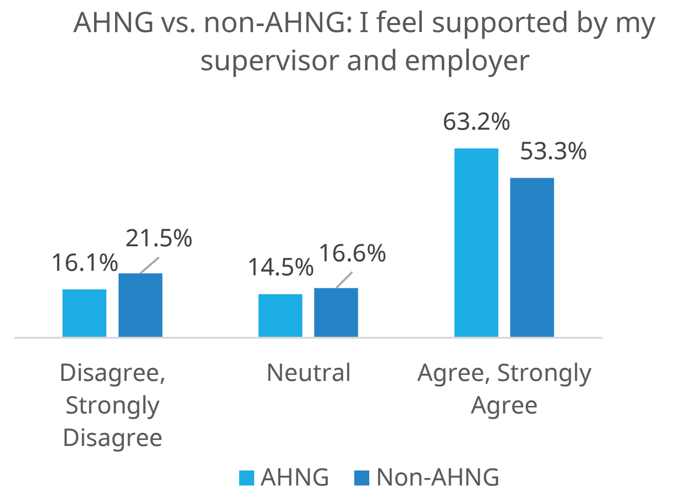
Focus group participants were specifically asked about what supports are needed for Internationally Educated Health Professionals. Some participants pointed out that due to global workforce shortages, we should be training more British Columbians. There was strong feedback regarding the need for consistent language requirements and to provide cultural safety and humility training as well as training on the Canadian health care system. Clear bridging programs with transition to practice and supported clinical placement opportunities and mentoring were also deemed critical. Several incentives, including housing, travel, and relocation supports should be considered. Participants also highlighted the need for a more coordinated, streamlined process for accreditation and VISAs; clarity in roles and responsibilities; and structured, supported exam preparation. Finally, participants would like to see a stronger connection with HealthMatch BC.

Theme 5- Retention

Survey questions in this section asked about respondents' current position, whether they felt satisfied and supported by their employers and supervisors, supports for career advancement, employee retention, and psychological and physical health and safety. This section also asked about whether respondents felt that they were supported in providing culturally safe and equitable care, and if they felt supported in their own personal cultural safety. Focus group questions asked what is working well with retention and what opportunities should be considered to strengthen allied health retention.

Although most respondents reported feeling satisfied with their current position and supervisor, many respondents felt that the current reporting structure for allied health could be improved.

- 68.2% of survey respondents either agreed or strongly agreed that they were satisfied with their current position.
- 35.0% of survey respondents either agreed or strongly agreed that they were satisfied with the current reporting relationship and leadership structure for allied health within their organization.
- 53.3% of survey respondents either agreed or strongly agreed that they felt supported by their supervisor or employer.



- Allied Health New Graduates were slightly more likely to agree or strongly agree that they felt supported by their supervisor and employer.
- 59.9% of respondents either agreed or strongly agreed that their supervisor or employer's expectations of them were reasonable.
  - 67.6% of Allied Health New Graduates responded that they agreed or strongly agreed with this question, compared to 59.2% of non-Allied Health New Graduates.

Respondents generally indicated that they did not feel that they had opportunities available to them for career advancement. The sector that individuals worked in, as well as their time spent in their role played a factor.

- 29.4% of respondents either agreed or strongly agreed that they had opportunities available to them for career advancement.

- Respondents that work in the private sector are more likely to either agree or strongly agree (36.5%) that they had career advancement opportunities available to them than those who work in the public sector (27.4%)
- Allied Health New Graduates were more likely to feel that they had career advancement opportunities available to them. 39.2% of AHNGs agreed or strongly agreed with this statement, compared to 28.6% of non-AHNGs.

➢ When asked what opportunities they would like to have available to them to support career advancement, the most popular option was formalized education or training in the form of courses or workshops.

The top five opportunities respondents would like to see in place to support career advancement:

Formalized education and training	58.5%
Advanced practice opportunities	53.0%
Leadership development opportunities	51.1%
Special projects/ temporary assignments	35.7%
Succession planning	26.9%

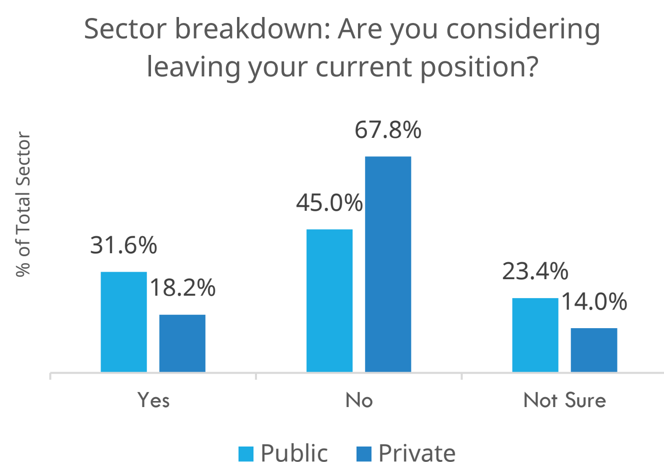
There were significant sectoral differences for respondents when asked if they were considering leaving their current position.

When asked if they are considering leaving their current position, responses included:

➢ Overall:

- 50.0% are not considering leaving their position
- 28.4% are considering doing so
- 21.6% are undecided

➢ Those who worked in the public sector were much more likely to be considering leaving their current position than those who work in the private sector. Public sector workers are also much more likely to feel unsure about whether they would like to stay in their positions than those in the private sector.



➢ AHNGs

- 25.6% are considering leaving versus 28.7% non-AHNGs.

➢ Indigenous respondents

- 34.7% are considering leaving versus 28.4% of the greater survey population.

➢ Of those planning on leaving their current position, the timeframe they plan to leave in includes:

- 19.8% within the next three months.
- 12.2% in 3-6 months.
- 28.1% in 6-12 months.
- 32.6% are leaving in 12+ months.

Additionally, more than a quarter of respondents indicated that incentives for employee retention were not available to them.

➢ Over 25.0% of respondents indicated that employee retention incentives were not available to them.

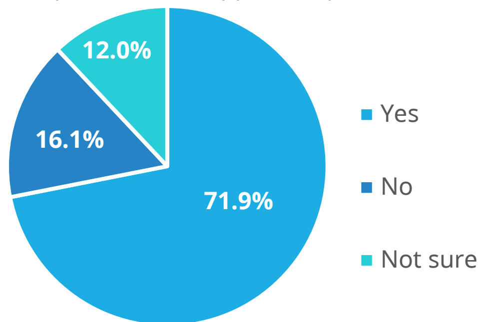
➢ The workplace incentives that were most available to respondents were a benefits package (available to 45.1% of respondents), continuing professional development/learning culture (available to 24.1% of respondents) and flexible work schedules (available to 24.1% of respondents).

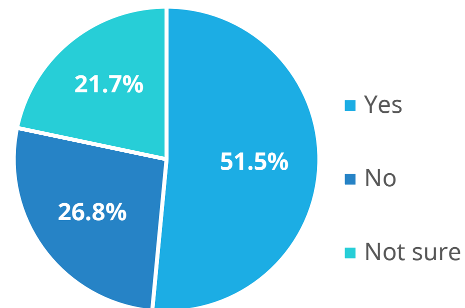
The top five reasons respondents are considering leaving their roles:

Reason	%
Not feeling valued/contributing to positive outcome	48.6%
Lack of leadership development/ advancement	40.0%
Compensation	31.3%
Lack of innovation	23.9%
Schedule/ Hours	23.7%

Respondents reported that they felt their physical health and safety in the workplace was better supported than their psychological health and safety. This data varied for Allied Health New Graduates and for those who identified as Indigenous.

- 71.9% of survey respondents felt their physical health and safety in the workplace was well supported, whereas 51.5% of survey respondents felt that their psychological health and safety in the workplace was well supported.





- 76.3% of AHNGs felt that their physical health and safety was supported in the workplace compared to 71.8% of non-AHNGs. 60.5% of AHNGs felt that they psychological health and safety was well supported compared to 50.9% of non-AHNGs.
- 20.8% of Indigenous respondents felt their physical health and safety was not well supported in the workplace, compared to 16.1% of general survey respondents.
- Indigenous respondents were also much less likely to feel their psychological health and safety was supported in the workplace.
- 43.1% of Indigenous respondents felt their psychological health and safety in the workplace was not well supported, in comparison to 26.8% of general survey respondents.

Top five supports respondents require to feel that their safety in the workplace is better supported:	
Physical Health & Safety	Psychological Health & Safety
Equipment/ Technology (39.8%) Supervisor support (39.7%) Occupational health and safety policies (29.1%) Accessible resources (28.4%) Additional education and training (26.8%)	Supervisor Support (44.8%) Psychological health and safety policies (39.4%) Accessible resources (36.1%) Safe reporting mechanisms (27.3%) Additional education and training (24.4%)

Although most respondents felt that they had the skills needed to increase equity and accessibility and to support diverse populations, many survey respondents expressed that they would find further workplace supports helpful in doing so.

- 66.5% of respondents felt that they had the knowledge, skills, and abilities to increase equity and accessibility and to support diverse populations. 11.6% did not feel so, and 21.9% were unsure.
  - AHNGs were more likely to feel that they were equipped with the tools they needed to increase equity and accessibility, with 74.4% responding yes in comparison with 66.0% of non-AHNGs.
  - Indigenous survey respondents were also more likely to respond positively, with 72.6% responding that they did feel that they had the tools they needed in this regard.
- Respondents indicated that they would find continuing professional development, online learning modules, and discussions with the team and supervisors to be the most valuable to support cultural safety and humility in the workforce.
- 42.1% of respondents felt that they had the supports available to them to support their own cultural safety, while 10.8% responded that they did not.
  - AHNGs were slightly more likely to respond that they had supports available to them for their own cultural safety, with 48.9% responding yes in comparison to 41.7% of non-AHNGs.
  - Indigenous respondents were significantly less likely to feel that the supports for cultural safety was available to them, with 21.6% responding no in comparison to 10.8% of the general population.

- Echoing the need for increased cultural safety and humility identified in the on-line survey, many post focus group survey respondents indicated that integration of cultural safety and humility into new staff/student orientation, policy/practice and/or learning opportunities is limited.

Focus Group Responses

Focus group feedback supported survey results and the need to prioritize a healthy, safe, and inspired work environment. Thematic analysis of the open-ended questions uncovered several commonalities with the key areas of focus for this consultation and seemed to repeat many of the previously identified strategies mentioned earlier in this report. One of the top opportunities for retention of the allied health workforce was recognition - raising awareness and demonstrating the value of allied health professionals in organizations, and to the public. Participants called for a major culture shift and education of the health system in order to change the current trajectory of continued public to private attrition and burnout.

> *"Need to value and integrate allied health into the healthcare system/interprofessional teams. My experience working with allied health professionals-they have often shared they feel on the perimeter, not feeling as valued members of the team as other disciplines, especially nursing. We need to really strengthen our culture, practice environments, practices, etc. to ensure they feel involved, valued and making a difference."- Focus Group Participant*

Competitive wages, benefits, and flexible work schedules/ positions was another key issue raised with respect to retention. Wage parity with the private sector and other provinces, particularly to account for increased cost of living, as well as the level of training and expertise, is required. There was strong feedback related to improving workload and workforce shortages by increasing FTEs and providing relief.

Integrating allied health professionals into team-based care models and collaborative practice was also suggested as a key retention strategy. Practices such as interprofessional team meetings, case conferencing, team huddles, co-location, and virtual connections support longitudinal relationships which keep people together instead of feeling siloed. Introduction of allied health professionals into primary care networks has been very positive, due to the focus on team-based care. Participants spoke about multiple benefits for both staff and patients/ clients, including developing a sense of community and connection.

Creating allied health leadership roles, governance, career pathways and leadership development was once again highlighted as another mechanism to retain the workforce. This includes discipline specific clinical practice leadership/ supervision, clinical educators and communities of practice.

"The flat allied health structure hinders retention…feeling like they have to leave the system to try something different."- Focus Group Participant

Similar to survey results, the focus groups shared the need to invest in AHNG supports, mentorship, and onboarding to keep new grads excited about their health career journey. In addition, supporting re-entry to practice and private to public practice transition for existing allied health professionals is also needed for retention.

Scope optimization, advanced practice, updating regulations and consideration to regulate occupations that are currently unregulated was repeated in this section as a way to legitimize roles and increase visibility of the allied health workforce and ensure safe, competent, and quality patient care.

Lastly, participants spoke of the importance of enhancing support for education/ training, cross training for rural and remote communities, upskilling and continued professional development.

HSA and HEU Members Focus Group Perspectives

When asked to identify what has been, or could be, successful at encouraging allied health professionals to remain in public practice, HSA members suggested higher wages, career laddering and leadership opportunities, as well as more manageable workloads could help retain current public sector staff. HEU members similarly highlighted better wages, as well as more respect and appreciation and a better work/life balance as tools to encourage allied health professionals to remain in publicly funded health care.

"Retention is about wages for sure, but also the respect and appreciation of that extra mile that everyone goes to make sure the place is running. If you don't have the wages to at least hold on to people, they're going to go somewhere else where they may make less money but are treated better and with more respect." – HEU Member

Theme 6- Education and Training

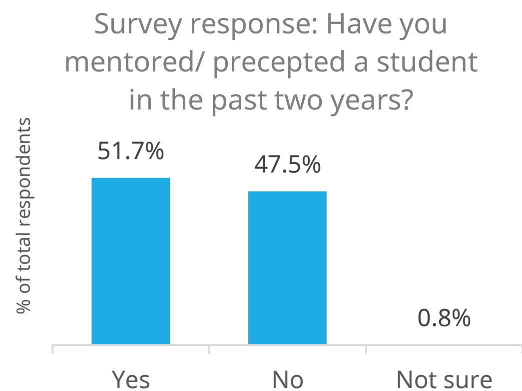
Survey questions in this section asked about access to learning supports and continuing professional development, mentoring and precepting students, and post-secondary training equity and accessibility. Focus group questions asked what is working well and what new opportunities should be considered.

Although most survey respondents had access to learning supports and professional development, there were several barriers identified to obtaining these supports.

- 87.3% reported that learning supports and professional development resources were accessible to them.
- For the respondents that said they were unable to access learning supports and professional development resources, there were a number of different barriers reported. The top three barriers identified were cost (63.8%), workload (46.0%), and lack of supports available (38.4%).

While most survey respondents had the opportunity to mentor or precept students, there are also barriers to taking on this role.

- 68.9% reported that their current role allowed for the opportunity to mentor or precept students.
- Despite the importance of mentorship and preceptorship in supporting the development of allied health students, many respondents (47.5%) had not mentored or precepted students in the past two years.



- Of the respondents that did not have the opportunity to mentor or precept students, the most frequently indicated barriers identified were that mentorship/ preceptorship was not a part of their role, and that they lacked time to take students on.

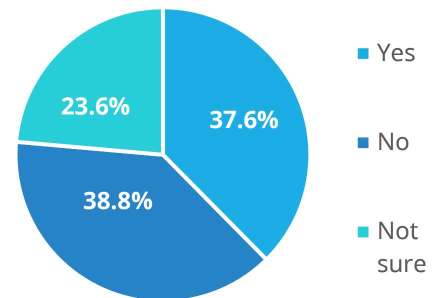
Barriers to mentoring or precepting students:

In current role	*In the last two years*
It's not part of my role (60.31%) Lack of time (27.4%) Lack of space (12.7%) Lack of preceptor training support (17.8%) Lack of tools/technology (4.7%)	It's not part of my role (52.6%) Lack of time (45.4%) Lack of preceptor training support (18.5%) Lack of space (17.4%) Lack of tools/technology (4.7%)

Improvements can be made to the provision of equity and accessibility training in allied health post-secondary programs and in workplaces.

- Only 37.6% of respondents received education to increase equity and accessibility during their post-secondary training.
- Many post-focus group survey respondents indicated that integration of cultural safety and humility into orientations and learning opportunities is limited.
- Respondents indicated that they would find continuing professional development, online learning modules, and discussions with the team and supervisors most valuable to support cultural safety and humility in the workforce.

Survey response: Did you have any education during your post-secondary training to increase equity and accessibility?



Cultural Safety and Humility

One question related to cultural safety and humility was asked in the post focus group survey and looked at how it is integrated into new staff/student orientation, policy/practice and/or learning opportunities.

There was a wide range of responses discussing orientation supports, practices and training to support cultural safety and humility, some of which were optional, others which were mandatory.

Respondents recognize that this a work in progress and that cultural safety and humility needs to go beyond Indigenous peoples to include other minorities, especially as we increase internationally educated health professionals. Many respondents mentioned that San'Yas training is available but requires time and space for ongoing learning and reflection. The creation of Aboriginal Health Departments, Directors and VP of Aboriginal Health within one organization was viewed as a very positive step to improve communication and awareness of diversity, inclusion and equity, as well as cultural awareness and humility. Respondents highlighted the importance of cultural safety and humility training for post secondary students and practicing health professionals, in both the public and private sector. For regulated health professionals, cultural safety and humility will soon be mandated as part of regular continuing professional development requirements and will provide a complaint avenue for patients and colleagues. There was strong support for

cultural safety and humility training to be mandated by health authorities and the provincial government, not left up to individual organizations.

Focus Group Responses

Focus group participants highlighted that there are many things working well with respect to education ad training of the allied health workforce, including subsidized training opportunities; health education seat expansions and geographic distribution; quality accredited programs that teach to competencies; collaboration between health authorities, post secondary institutions, regulators and associations regarding curriculum revisions; coordination between the Ministry of Health and Ministry of Advanced Education and Skills Training on oversight of education programs; virtual and distance education; and, forums to support educator partner dialogue (i.e. Allied Health Education Planning Council).

At the same time, many focus group participants highlighted the need to expand/create allied health clinical educators to support student practice education and liaise more closely with post secondary institutions for clinical placement coordination. Participants highlighted the need to continue to expand and distribute critical allied health education programs in publicly funded post secondary institutions, including dedicated Indigenous seats. The notion of developing a "local pipeline" of allied health professionals was suggested to support rural and remote communities. Employer/government sponsored in-house training and targeted, fast track, dual credit and co-op education programs, as well as expanding the Health Care Access Program to allied health professions were also suggested.

Enhanced support for preceptors, preceptor training, onboarding and mentorship was noted as critical to the success of "practice -ready" allied health new graduates. Participants flagged that more team base care learning, simulation and clinical placement experiences were needed to support integrative care and collaboration.

With respect to allied health student recruitment, a common theme was to strengthen marketing and promotion efforts of allied health education programs in high school. Participants noted a lack of career laddering and education pathways for allied health across the continuum of post secondary education, from first entry into post secondary education to post-graduate educational opportunities. Private to public sector pathways (refresher programs); upskilling; practice transition programs; and advanced practice education were also suggested as opportunities.

Lastly, participants strongly emphasized the need to improve access and support for continuing professional development for existing practitioners through employer partnerships with professional associations/ societies, regulators, and unions.

HSA and HEU Members Focus Group Perspectives

When asked 'Have you completed any training for cultural safety and humility?', 66.1% of HSA members responded yes and 33.3% responded no. 18.2% of HEU members responded that they had training for cultural safety and humility, while 45.5% responded no.

HSA members felt that although in some regions cultural safety and humility training is included in new employee orientation, for other employees, a lack of staff coverage prevents the ability to participate in such training. Often time may be granted for education leave; however, it is unpaid leave – or the training has to be completed during vacation time. HEU members mentioned that they were either not offered cultural safety training at all, or only offered it occasionally, or in times when issues were on the news.

In reference to post-secondary education and training, when asked what are opportunities to improve exposure to public practice and clinical settings, HSA members most commonly cited clinical placement related opportunities (e.g., offering more placements in public settings and providing more support for preceptors). HEU members highlighted the need for wages that are comparable to the cost of education, a need for on-site schooling and training, and more opportunities to host students to show them the day-to-day activities of an allied health professional.

Allied Health Student Focus Group Perspectives

83.3% of the participants in this focus group had completed training for cultural safety and humility, and when asked how it was incorporated into new staff orientation, policy, practice or learning, students responded that they received their training through ethics classes as well as cultural competence and communications classes.

Theme 7- Partnerships and Collaboration

One question related to partnerships and collaboration was asked in the post focus group survey and looked at how we can strengthen partnerships and work collaboratively to implement the pending Allied Health three-year strategic plan.

Many allied health key stakeholders felt the consultation process allowed their voices to be heard and would like to continue to collaborate and work with the AHPS.

Many respondents felt the consultation was a critical first step to engaging and developing relationships with key allied health stakeholders. The top two themes that emerged from respondents included the importance of supporting leadership and governance for allied health professionals to give them a voice at decision making tables, and the development of various strategic groups with key allied health stakeholders as members. Respondents emphasized the need to continue efforts for meaningful dialogue and consultation with frontline workers, senior health authority executives, unions, professional associations, regulators, educators, and others to ensure a strong voice for the allied health workforce. Developing shared goals and actions for partner organizations and a positive, solutions-oriented approach across the sector will be important. Respondents also suggested staying connected with other allied health profession groups and the broad group of allied health stakeholders as a whole. Lastly, respondents want AHPS to engage stakeholders early, ensure a common goal and role clarity amongst partners, and develop and implement an evaluation plan to measure the impact and outcomes of the three-year strategic plan.

Next Steps

An enhanced policy focus and strong vision for the allied health workforce is necessary to address critical workforce shortages and impacts to health service delivery in British Columbia. It is also imperative if we wish to shift to an integrated, team-based system of care and reduce the demand on the increasingly overburdened health system. The Provincial Allied Health Strategy Consultation was a first step in a long journey towards allied health reform.

The information presented in this report, additional data gathered from the consultation process, and a review of relevant evidence will be used to develop a three-year Allied Health Strategic Plan. The final Strategic Plan will be available to the public in the fall/winter of 2021 and will provide a roadmap for government and stakeholders to collaborate and support the allied health workforce in British Columbia. It will also position BC as a leader in allied health workforce development, help support the Ministry's Provincial Health Workforce Plan, and ultimately, improve allied health delivered services to meet the patient and population health needs of British Columbians.

Appendix A: Survey Instrument

Introduction/ Purpose:

In June 2020, the Ministry of Health (the Ministry) launched the Allied Health Policy Secretariat (the Secretariat) to provide stewardship and focused leadership to more than 70 allied health professions and occupations providing vital health services to British Columbians. The Secretariat has been tasked with creating a three-year strategic plan to set the direction of allied health in BC, including the vision of allied health practice, education, and role optimization to better support patients, and to achieve health system goals.

This survey has been developed for **all** allied health professionals and occupations (public, private and contracted), with a focus on BC's health sector, as part of a provincial consultation process to identify allied health workforce issues and opportunities related to seven core themes (identity and recognition, leadership, workforce and optimization, partnerships and collaboration, education and training, recruitment, and retention). The survey results will be used to inform the Ministry's three year Provincial Allied Health Strategic Plan's priorities and initiatives, as well as provide insights into the Ministry's Health Human Resources Strategy planning process.

It is anticipated that this survey will take no longer than 20 minutes to complete and your participation is voluntary. All information will be stored anonymously, confidentially, and securely by the Allied Health Policy Secretariat at the Ministry of Health and will only be accessed by authorized persons. Although this survey is confidential, please do not provide any personal identification information or third-party identifying information when responding to the open-ended questions. The survey may be sent to you from multiple sources or areas, but please complete the survey only **once**. A Privacy Impact Assessment has been completed internally for this survey. If you wish to revoke your submission or for further information, please email Allied.Health@gov.bc.ca

Thank you for your participation in the Allied Health Provincial Consultation Survey.

Identity and Recognition

1) Is the term "allied health" used in your organization and/or sector?
   - ☐ Yes ☐ No ☐ Not sure

2) Do you consider yourself part of the allied health workforce?

☐ Yes ☐ No ☐ Not sure

	Not at All	Not very much	Somewhat	Neutral	A little bit	Almost	Completely
3) To what degree does the following definition resonate with you?	1	2	3	4	5	6	7

"*The Allied Health Workforce is made up of a diverse range of health professionals and occupations, both regulated and unregulated. They provide preventative, diagnostic, rehabilitative, mental health, nutrition, and therapeutic services in a variety of settings. Allied health often work in collaboration with physicians, nurses, patients, clients, residents, families and others to optimize team-based care.*"

4) If the definition does not resonate with you, why not? (check one)
- ☐ It's too broad (includes too many occupations)
- ☐ It dilutes my professional identity
- ☐ I don't work in a team
- ☐ I'm an autonomous practitioner
- ☐ My work is more closely related to medical/physician practice
- ☐ I don't provide or support direct patient/ resident/ client care services
- ☐ I have no formalized education/ training
- ☐ My role is more closely related to nursing practice
- ☐ Not applicable, this definition resonates with me
- ☐ Other

To be considered part of the allied health workforce, the current criteria includes:
- Completion of post-secondary education and training that meets profession or occupation specific qualification requirements other than medical and nursing related training
- Provides direct patient care or supports patient/ resident/ client care
- Develops/ contributes to/informs the treatment/ care plan

5) Do you agree with the above criteria?
- ☐ Yes
- ☐ No
- ☐ Not sure

6) What criteria should be considered in deciding what professions/occupations are in scope and out of scope for allied health policy development and support? Text box, 100 words max.

7) What is your current profession/occupation?

- ☐ Activity Assistant/ aide/ Worker/ Co-ordinator
- ☐ Acupuncturist
- ☐ Anesthesia Assistant
- ☐ Aquatic Therapist
- ☐ Art Therapist
- ☐ Athletic Therapist
- ☐ Audiologist
- ☐ Behaviour Therapist
- ☐ Biomedical Engineering Technologist
- ☐ Cardiology technologist
- ☐ Cardiovascular perfusionist
- ☐ Child and youth counsellor
- ☐ Chiropodist
- ☐ Chiropractor
- ☐ Clinical Counsellor
- ☐ Combined Laboratory/ X-ray Technician
- ☐ Counselling therapist
- ☐ Cytogenetics technologist
- ☐ Dental assistant
- ☐ Dental hygienist
- ☐ Dental technician
- ☐ Dentists
- ☐ Denturist
- ☐ Diagnostic Medical Sonographer
- ☐ Diagnostic Neurophysiology Technician
- ☐ Dialysis Technician
- ☐ Dietitian
- ☐ Electroencephalograph (EEG) Technologist
- ☐ Electromyography (EMG) Technologist
- ☐ Electroneurophysiology (ENP) technologist
- ☐ Emergency Medical Assistants
- ☐ Exercise Physiologist
- ☐ Genetic Counsellor
- ☐ Kinesiologist
- ☐ Mammography Technologist
- ☐ Massage Therapist
- ☐ Medical Laboratory Assistant
- ☐ Medical Laboratory Technologist
- ☐ Medical Physicist
- ☐ Medical Radiation Technologist
- ☐ Mental Health Substance Use Clinicians/ Counsellors
- ☐ MRI Technologist
- ☐ Music Therapist
- ☐ Naturopathic Physicians
- ☐ Nuclear Medicine Technologist
- ☐ Occupational Therapist
- ☐ Ocularist
- ☐ Ophthalmic Technician
- ☐ Optician
- ☐ Optometrist
- ☐ Orthoptist
- ☐ Orthotist
- ☐ Osteopath

- ☐ Pacemaker Technologist
- ☐ Paramedic (PCP; ACP; CCP; ITT)
- ☐ Pathologist Assistant
- ☐ PET Technologist
- ☐ Pharmacist
- ☐ Pharmacy Assistant
- ☐ Pharmacy Technician
- ☐ Physiotherapist
- ☐ Polysomnography Technologist
- ☐ Prosthetist
- ☐ Psychologist
- ☐ Radiation Therapist
- ☐ Radiological Technologist
- ☐ Recreation Therapist
- ☐ Reflexologist
- ☐ Rehabilitation Assistant
- ☐ Respiratory Therapist
- ☐ Social Program Officer
- ☐ Social Worker
- ☐ Speech Language Pathologist
- ☐ Spiritual Health Professional
- ☐ Traditional Chinese Medicine Practitioners
- ☐ Other

8) Are you an:
   - ☐ Elder
   - ☐ Indigenous Patient Liaison/ Navigator
   - ☐ Indigenous Traditional Healer
   - ☐ None of the above

For each of the statements below, select the response that best characterises how you feel, where: 1 = Strongly Disagree, 2 = Disagree, 3 = Undecided/Neutral, 4 = Agree, 5 = Strongly Agree.

	Strongly Disagree	Disagree	Neutral/ Undecided	Agree	Strongly Agree	N/A
9) I feel that my profession/ occupation is valued by my organization/employer.	1	2	3	4	5	
10) I have opportunities to contribute my professional expertise to inform service delivery / program design and quality improvement/ strategic planning.	1	2	3	4	5	

General

Which region do you primarily work in? (As defined by the Ministry of Health's regional health authority boundaries, link to map: https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/regional-health-authorities) This information is for geographical purposes, not for employer.) (define: spend the majority of working hours, more than 50% of your time)?

- ☐ Fraser Health
- ☐ Interior Health
- ☐ Northern Health
- ☐ Vancouver Island Health
- ☐ Vancouver Coastal Health
- ☐ Outside of BC
- ☐ Other ___________
- ☐ Prefer not to answer

11) Is the region where you work classified as Metro, Large Urban, Medium Urban, Small Urban, Rural or Remote*? (Help link to instructions to find your regions classification)
   - ☐ **Metro**: Metropolitan area (population 500,000* or greater) i.e., the Greater Vancouver Area
   - ☐ **Large Urban**: (population 100,000-499,999*) i.e. includes Abbotsford, Greater Victoria Area, Kelowna
   - ☐ **Medium Urban**: (population 30,000-99,999*) i.e. includes Chilliwack, Prince George, Kamloops, Nanaimo, South Surrey, South Mission, Penticton, Courtenay-Comox, and others
   - ☐ **Small Urban**: Larger towns (population 10,000-29,000*) i.e. includes Ladysmith, Terrace, Cranbrook, Powell River, Quesnel, Trail, Duncan, Prince Rupert, Fort St. John, etc.
   - ☐ **Rural Hub**: Smaller towns (population under 10,000*) i.e. includes Agassiz, Kitimat, Fernie, Summerland, Smithers, Mackenzie, Hope, Whistler, Port Hardy etc.
   - ☐ **Rural**: Most of the population you serve rural (living outside of any population centre) i.e. includes rural populations west of Nanaimo, outside Prince George, and in and around Grand Forks, Nelson, 100 Mile House, Vanderhoof, Chetwynd, the gulf islands, etc.
   - ☐ **Remote**: Most of the population you serve is rural (living outside of any population centre) and resides a significant distance from and/or experiences transportation barriers to key services i.e. includes Bella Coola, Haida Gwaii, Tofino/Ucluelet, McBride, Valemount, Stikine, etc.
   - ☐ Not sure (see help link to determine your community classification)

**Total population criteria are based on Statistics Canada's population centres methodology which treat all contiguous populated areas with sufficient density as a single population centre.*

12) Is your work primarily focused:
   - ☐ Locally (i.e. a single community)
   - ☐ Regionally (i.e. multiple communities within one region)
   - ☐ Provincially (i.e.. government; provincial lead in the HA; regulatory body)
   - ☐ Nationally (i.e. . professional association lead; federal government)

13) Do you work in:

- ☐ Public Sector (i.e. owned and operated by government. E.g. Health Authorities)
- ☐ Private Sector (i.e. owned and operated on a for-profit basis including self employment. E.g. businesses and corporations)
- ☐ Both public and private
- ☐ Non-profit sector (i.e. governed by a board of directors. E.g. non-profit societies or charity)
- ☐ Other____

14) If you work in the public sector, where in the public sector do you work?

- ☐ Health Authority
- ☐ Government
- ☐ Post Secondary Institution
- ☐ School District
- ☐ Community Social Services
- ☐ Other ________________
- ☐ N/A (I do not work in the public sector)

15) Which program area is your **primary** role associated with?

- ☐ Acute Care (hospital) (Drop down menu with core depts: Intensive Care Unit; Surgical; Neurology; Cardiac; Other)
- ☐ Long Term Care/ Assisted Living
- ☐ Primary Care (Drop down menu with core depts: General Practice; Urgent and Primary Care Centre; Laboratory Services; Community Pharmacy; Diagnostic Services; Other)
- ☐ Home and/or Community Care
- ☐ Specialized Provincial Services (i.e. BC Cancer Agency; BC Women's and Children's; Renal; Mental Health, etc.)
- ☐ Emergency Health Services
- ☐ Child Development Centre
- ☐ Community Non-Profit Agency
- ☐ N/A
- ☐ Other ____________

16) If you work outside of the public sector, where do you work?

- ☐ Private Clinic/ Business
- ☐ Private School
- ☐ Private Post Secondary Institution
- ☐ Non-Governmental Organization
- ☐ Professional Association
- ☐ Regulatory College
- ☐ Union
- ☐ Child Development Centre
- ☐ Community Non-profit/ Agency
- ☐ Other __________
- ☐ N/A (I do not work in private sector)

17) How long have you worked as an allied health professional? (drop down box)

- ☐ Less than 1 year
- ☐ 1- 2 years
- ☐ 3-5 years
- ☐ 6-10 years
- ☐ 11-15years
- ☐ 16-20 years
- ☐ 21+ years

18) What best describes your primary role? Check one box only.

- ☐ Front line clinician
- ☐ Non-clinical support
- ☐ Manager
- ☐ Director
- ☐ Educator/ Clinical Instructor
- ☐ Coordinator
- ☐ Clinical Practice Lead
- ☐ Owner/ operator
- ☐ Other:____________________________

19) How long have you been employed in your current **primary** role? (drop down box)

- ☐ 0 – 6 months
- ☐ 7-12 months
- ☐ 13-18 months
- ☐ 19-24 months
- ☐ 3 – 5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21+ years

20) For the purpose of this survey, an allied health new graduate (AHNG) is defined as an allied health employee that has completed their educational training program but has not completed more than 18 months of employment. **Based on this definition, do you consider yourself to be an AHNG?**

☐ Yes ☐ No ☐ Prefer not to answer

21) What is the current employment status of your primary position? (select all that apply)

- ☐ Permanent Part time
- ☐ Permanent Full time
- ☐ Temporary Part time
- ☐ Temporary Full time
- ☐ Casual
- ☐ Contract
- ☐ Retired
- ☐ Not currently working

Demographics

22) What is your age? (drop down box)

- ☐ 20 – 24 years old
- ☐ 25 – 29 years old
- ☐ 30 – 34 years old
- ☐ 35 - 39 years old
- ☐ 40 – 44 years old
- ☐ 45-49 years old
- ☐ 50 – 54 years old
- ☐ 55 – 59 years old
- ☐ 60 – 65 years old
- ☐ 65+ years old
- ☐ Prefer not to answer

23) Do you identify as: Check all that apply

- ☐ Indigenous
- ☐ Person with a disability
- ☐ Non-indigenous person of color
- ☐ Prefer not to answer
- ☐ None of the above

24) How do you self-identify?

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Prefer not to answer
- ☐ Prefer to self-describe: ________________.

Recruitment and Onboarding:

25) How did you hear about your current position? Check all that apply.

- ☐ Post secondary institution
- ☐ Health Match BC
- ☐ Colleague/friend/family
- ☐ Professional Association
- ☐ Regulatory College
- ☐ Employer website

- ☐ Social media
- ☐ Other: _________

26) What were the factors that attracted you to your current position? Check all that apply.
    - ☐ Compensation
    - ☐ Benefits (i.e. Extended health care; pension)
    - ☐ Work location
    - ☐ Schedule/ hours
    - ☐ Team composition
    - ☐ Practice area
    - ☐ Autonomy
    - ☐ Learning opportunity
    - ☐ Leadership role
    - ☐ Ability for career advancement
    - ☐ Other __________

27) What incentives were used to recruit you to your current position? (Check all that apply).
    - ☐ Signing bonus
    - ☐ Regulatory college registration fee reimbursement
    - ☐ Professional association fee reimbursement
    - ☐ Loan forgiveness (employer paid)
    - ☐ Travel and relocation expense reimbursement
    - ☐ Housing stipends for relocation
    - ☐ Not applicable
    - ☐ Other

28) In my current role, I have the capacity to support and orientate new staff when required.

    ☐ Yes ☐ No ☐ Not sure

29) If no, why not? *(question appears only if no to previous is selected)*

- ☐ It's not part of my role
- ☐ Lack of time
- ☐ Lack of orientation training support
- ☐ Lack of space
- ☐ Other: ________

30) Are you aware of the BC Government student loan forgiveness program offered by Student Aid BC? (https://studentaidbc.ca/repay/repayment-help/bc-loan-forgiveness-program)

- ☐ Yes
- ☐ No
- ☐ Not Sure

For each of the statements below, select the response that best characterises how you feel, where: 1 = Strongly Disagree, 2 = Disagree, 3 = Undecided/Neutral, 4 = Agree, 5 = Strongly Agree.

	Strongly Disagree	Disagree	Neutral/ Undecided	Agree	Strongly Agree	N/A
31) I received adequate orientation when I started my current role.	1	2	3	4	5	
32) I felt supported in the transition to practice in my current role.	1	2	3	4	5	

33) During your transition as an AHNG, when was your greatest need for support? (select all that apply) *(question appears only if identify as an allied health new graduate)*

- ☐ Within the first month of practice
- ☐ 1 – 3 months
- ☐ 4 – 6 months
- ☐ 7 – 9 months
- ☐ 10 – 12 months
- ☐ 12 – 18 months

34) During times when you felt your greatest need for support, how often were you able to access support? *(question appears only if identify as an allied health new graduate)*

Never	Rarely	Not Required	Sometimes	Every Time	
1	2	3	4	5	N/A

35) What types of supports did you receive during your transition as an AHNG? (select all options that apply) **(question appears only if identify as an allied health new graduate)*

- ☐ Human Resources or Recruitment prior to starting new role
- ☐ New employee practice/ role orientation
- ☐ New employee unit/ program orientation
- ☐ New employee site orientation
- ☐ New employee regional orientation
- ☐ At the elbow support or co-treating of patients/ clients/ residents
- ☐ Supernumerary hours (supported or protected learning time, or a position that does not form part of the regular staff)
- ☐ Support from an Executive Sponsor/Champion
- ☐ Community of Practice Support
- ☐ Debrief on clinical situations
- ☐ In-person workshops (e.g. classroom) or learning opportunities
- ☐ Simulated learning opportunities
- ☐ Education regarding self-care
- ☐ Professional Development Opportunities
- ☐ Feedback on performance that was specific to your practice (formal)
- ☐ Time/ space for reflective practice (e.g. journaling)
- ☐ Graduated workload/reduced caseload
- ☐ Enhanced orientation for new graduates specific to your profession/ occupation
- ☐ Exposure to administrative processes (e.g. assistance with referrals, documents, etc.)
- ☐ Profession specific practice related teaching, education, support or feedback (such as a Practice Leader, Educator, or other)
- ☐ Support from a New Graduate Transition Lead
- ☐ Individual Mentorship
- ☐ Group Mentorship
- ☐ Informal/Peer Mentorship
- ☐ Social supports for new graduates
- ☐ Written/ online materials (e.g. guides, clinical standards, policies)
- ☐ Virtual learning opportunities (e.g. Skype webinars)
- ☐ Hands-on learning/ clinical practice
- ☐ Education regarding new skills and best practice
- ☐ Time to participate in learning or educational opportunities
- ☐ Feedback on performance that was specific to your practice (informal)
- ☐ Cultural competency training/coaching
- ☐ Formal supervision
- ☐ Other (please specify): ____

36) For the next three questions, please identify the top 3 supports that were most beneficial to you and select all time frames that they were helpful. **(question appears only if identify as an allied health new graduate)*

37) Support #1: (drop down list with above options)

Now please select all time frames that this support was most beneficial to you.

Within 1st month
1 – 3 months
4 – 6 months
7 – 9 months
10 – 12 months
12 – 18 months

38) Support #2: (drop down list with above options)

Now please select all time frames that this support was most beneficial to you.

Within 1st month
1 – 3 months
4 – 6 months
7 – 9 months
10 – 12 months
12 – 18 months

39) Support #3: (drop down list with above options)

Now please select all time frames that this support was most beneficial to you.

Within 1st month
1 – 3 months
4 – 6 months
7 – 9 months
10 – 12 months
12 – 18 months

40) Overall, how satisfied were you with the support you received during your transition period as an AHNG? **(question appears only if identify as an allied health new graduate)*

Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied	N/A
1	2	3	4	5	

41) What were some barriers that you faced as an AHNG in your transition to practice? (please specify) (Max 100 words) **(question appears only if identify as an allied health new graduate)*

42) Sometimes new graduates report experiencing a ‘reality shock’ or ‘transition shock’ when they started working. Please describe your experience when you began employment within your profession (ex. was your role what you expected, did you feel supported, etc.) (Max 100 words) **(question appears only if identify as an allied health new graduate)*

43) What are some improvements or additional supports that could be provided to better support AHNGs? (please specify) (Max 100 words) **(question appears only if identify as an allied health new graduate)*

44) What types of supports did you receive when you started in your current position? **(question appears only if they did NOT identify as an allied health new graduate)*

- ☐ Human Resources or Recruitment prior to starting new role
- ☐ New employee practice/ role orientation
- ☐ New employee unit/ program orientation
- ☐ New employee site orientation
- ☐ New employee regional orientation
- ☐ At the elbow support or co-treating of patients/ clients/ residents
- ☐ Supernumerary hours (supported or protected learning time, or a position that does not form part of the regular staff)
- ☐ Support from an Executive Sponsor/Champion
- ☐ Community of Practice Support
- ☐ Debrief on clinical situations
- ☐ In-person workshops (e.g. classroom) or learning opportunities
- ☐ Simulated learning opportunities
- ☐ Enhanced orientation for new graduates specific to your profession/ occupation
- ☐ Exposure to administrative processes (e.g. assistance with referrals, documents, etc.)
- ☐ Profession specific practice related teaching, education, support or feedback (such as a Practice Leader, Educator, or other)
- ☐ Support from a New Graduate Transition Lead
- ☐ Individual Mentorship
- ☐ Group Mentorship
- ☐ Informal/Peer Mentorship
- ☐ Social supports for new graduates
- ☐ Written/ online materials (e.g. guides, clinical standards, policies)
- ☐ Virtual learning opportunities (e.g. Skype webinars)
- ☐ Hands-on learning/ clinical practice

- ☐ Education regarding self-care
- ☐ Professional Development Opportunities
- ☐ Feedback on performance that was specific to your practice (formal)
- ☐ Time/ space for reflective practice (e.g. journaling)
- ☐ Graduated workload/reduced caseload
- ☐ Education regarding new skills and best practice
- ☐ Time to participate in learning or educational opportunities
- ☐ Feedback on performance that was specific to your practice (informal)
- ☐ Cultural competency training/coaching
- ☐ Formal supervision
- ☐ Other (please specify): ____

45) Of the above supports, which three were the most beneficial? (drop down to select from same list above) **(question appears only if they did NOT identify as an allied health new graduate)*

Retention:

For each of the statements below, select the response that best characterises how you feel, where: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree.

	Strongly Disagree	Disagree	Neutral/ Undecided	Agree	Strongly Agree	N/A
46) I am satisfied with my current position.	1	2	3	4	5	
47) I feel supported by my supervisor and employer.	1	2	3	4	5	
48) My supervisor/ employer's expectations of me are reasonable.	1	2	3	4	5	
49) There are opportunities available to me for career advancement	1	2	3	4	5	
50) I am satisfied with the current reporting relationship and leadership structure for allied health within my organization.	1	2	3	4	5	

51) What opportunities would you like to see in place to support career advancement in your current role? (Check all that apply).

- ☐ Advanced practice opportunities
- ☐ Leadership development opportunities
- ☐ On-the-job training/job shadowing
- ☐ Courses/ workshops/formalized education or training
- ☐ Special projects/ Temporary assignments
- ☐ Micro-credential programs
- ☐ Succession planning
- ☐ Other_________________

52) Are you considering leaving your current position?

☐ Yes ☐ No ☐ Not Sure

53) If yes, when? *(question only appears if yes is selected to previous question)*

☐ In 0 – 3 months ☐ In 3 – 6 months ☐ In 6 – 12 months
☐ In 12+ months ☐ Not applicable

54) If you are considering leaving, why? Check all that apply. **(question only appears if yes is selected 52)*

- ☐ Compensation
- ☐ Benefits
- ☐ Work Location
- ☐ Retirement
- ☐ Schedule/ hours
- ☐ My team
- ☐ Not feeling valued/ contributing to positive patient/client/student outcomes
- ☐ Lack of practice support
- ☐ Lack of leadership Development/ Advancement
- ☐ Lack of innovation
- ☐ Injury
- ☐ Unknown
- ☐ Other

55) What incentives are available in your workplace for employee retention? Check all that apply.

- ☐ Benefits package
- ☐ Performance based salary increases or bonuses
- ☐ Continuing Professional Development/learning culture
- ☐ Flexible work schedules (work/life balance)
- ☐ Childcare

- ☐ Employee recognition
- ☐ Not applicable
- ☐ Other____

56) Do you feel that your physical health and safety in the workplace is well supported/ protected?

☐ Yes ☐ No ☐ Not sure

57) If no, what supports do you require? **(question only appears if no or not sure is selected for previous question)*

- ☐ Safe reporting mechanisms
- ☐ Supervisor support
- ☐ Additional education and training
- ☐ Accessible resources
- ☐ Equipment/ technology
- ☐ Occupational Health and Safety Policies
- ☐ Not applicable
- ☐ Other:____

58) Do you feel that your psychological health and safety in the workplace is well supported/ protected? (definition: A workplace that promotes workers' psychological well being and actively works to prevent harm to worker psychological health, including in negligent, reckless, or intentional ways.)

☐ Yes ☐ No ☐ Not sure

59) If no, what supports do you require? **(question only appears if no or not sure is selected for previous question)*

- ☐ Safe reporting mechanisms
- ☐ Supervisor support
- ☐ Additional education and training
- ☐ Accessible resources
- ☐ Psychological Health and Safety Policies
- ☐ Not applicable
- ☐ Other:____

60) Do you feel you have the knowledge, skills and abilities to increase equity and accessibility, and support diverse populations? (definition of diverse populations)

☐ Yes ☐ No ☐ Not sure

61) If not, what types of supports would you require? Check all that apply. **(question only appears if no or not sure is selected for previous question)*

- ☐ Mandatory online learning modules
- ☐ Voluntary online learning modules
- ☐ Discussions with my team/ supervisor
- ☐ Continuing Professional Development (courses/ workshops)
- ☐ Other: ______________________
- ☐ Unsure
- ☐ None

62) Do you feel that you have the knowledge, skills and abilities to engage in a journey of cultural humility, with the aim of providing culturally safe care? (definition of culturally safe care)

☐ Yes ☐ No ☐ Not sure

63) What other types of cultural safety and humility supports would be valuable for you? (Check all that apply). **(question only appears if no or not sure is selected for previous question)*

- ☐ Mandatory online learning modules
- ☐ Voluntary online learning modules
- ☐ Discussions with my team/ supervisor
- ☐ Continuing Professional Development (courses/ workshops)
- ☐ Other: ______________________
- ☐ Unsure
- ☐ None

64) Do you feel you have supports available to you for your own cultural safety?

☐ Yes ☐ No ☐ Not sure

Leadership:

For each of the statements below, select the response that best characterises how you feel, where: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree.

	Strongly Disagree	Disagree	Neutral/ Undecided	Agree	Strongly Agree	N/A
65) Leadership is promoted/ supported as part of the allied health career in my organization	1	2	3	4	5	
66) There are clear opportunities to serve as leaders in areas where I have clinical/ professional expertise in my organization.	1	2	3	4	5	
67) I have a clear path for career advancement and/ or development to a leadership role.	1	2	3	4	5	

68) What are the barriers to career advancement and/or development to a leadership role? Check all that apply.

- ☐ Lack of experience
- ☐ Lack of job qualifications
- ☐ Lack of supervisor/ management support to advance
- ☐ Lack of confidence
- ☐ Lack of leadership training
- ☐ Lack of available leadership positions that are open to the allied health workforce
- ☐ Other _______________
- ☐ N/A

69) What leadership roles are currently available to you as an allied health professional in your organization? Check all that apply.

- ☐ Allied Health Clinical Educator
- ☐ Profession Specific Clinical Practice Leader
- ☐ Manager of Professional Practice
- ☐ Director of Professional Practice
- ☐ VP Professional Practice/ Chief Nurse and Allied Health Officer
- ☐ Dean/Associate Dean of Allied Health Programs
- ☐ Executive Director/Senior Executive Roles
- ☐ N/A
- ☐ Unsure
- ☐ Other:_______________

Workforce and Practice Optimization:

For each of the statements below, select the response that best characterises how you feel, where: 1 = Strongly Disagree, 2 = Disagree, 3 = Undecided/Neutral, 4 = Agree, 5 = Strongly Agree.

	Strongly Disagree	Disagree	Neutral/ Undecided	Agree	Strongly Agree	N/A
70) I am able to practice to my full scope of practice/ level of training in my current role.	1	2	3	4	5	
71) My scope of practice/ level of training is well understood by other team members/clinicians.	1	2	3	4	5	
72) My scope of practice/ level of training is well understood by my supervisor/ manager.	1	2	3	4	5	
73) My scope of practice/ level of training is optimized to support a team based model of care.	1	2	3	4	5	
74) I receive regular profession-specific feedback on my clinical practice.	1	2	3	4	5	
75) I feel confident to fulfil my job responsibilities.	1	2	3	4	5	
76) I have the competencies required to fulfill my job responsibilities.	1	2	3	4	5	
77) There are modern tools and technology available to support my clinical practice.	1	2	3	4	5	
78) I have the knowledge, skills and abilities to optimize patient care/student learning through tools and technology.	1	2	3	4	5	
79) I feel supported to use tools and technology to optimize patient care/ student learning (i.e. new equipment; virtual care; electronic medical records etc.).	1	2	3	4	5	

80) I participate in activities that continually advance my knowledge and understanding of my practice and practice environment through: (Check all that apply).

- ☐ Continuing professional development
- ☐ Formalized education/training
- ☐ Peer to peer learning
- ☐ Community of practice
- ☐ Mentorship
- ☐ Other: _________
- ☐ N/A

81) What are the enablers to practicing to full scope/ level of training? (Check all that apply).

- ☐ Availability of support staff/ other team members
- ☐ Manageable workload
- ☐ Understanding of scope of practice/ level of training
- ☐ Supervisor/ management support
- ☐ Representation and/or awareness of profession/discipline in management
- ☐ Available tools and technology
- ☐ Practice supports, including access to clinical educators and/or professional practice leads
- ☐ Professional development opportunities
- ☐ Opportunity for clinical specialization
- ☐ Clear practice standards/guidelines/policies
- ☐ Not applicable
- ☐ Other

82) What are the barriers to practicing to full scope/ level of training? Check all that apply.

- ☐ Lack of support staff/ other team members
- ☐ Workload
- ☐ Lack of understanding of scope of practice/ level of training
- ☐ Lack of supervisor/ management support
- ☐ Lack of representation and/or awareness of profession/discipline in management
- ☐ Lack of practice supports, including access to clinical educators and/or professional practice leads
- ☐ Lack of opportunity for clinical specialization
- ☐ Lack of professional development opportunities and/or ability to access education leave
- ☐ Lack of necessary tools and technology
- ☐ Lack of practice standards/ guidelines/policies

- ☐ Not applicable
- ☐ Other

Education and Training:

83) Where did you receive your occupation specific training for your current role?

- ☐ University/ College within BC
- ☐ University/ College Outside of BC, but in Canada
- ☐ Other ____________________
- ☐ University/ College Outside of Canada
- ☐ No formalized post secondary education

84) What is the highest level of education you have received?

- ☐ High school diploma
- ☐ Post Secondary Certificate
- ☐ Post Secondary Diploma
- ☐ Post Secondary Bachelors degree
- ☐ Post Secondary Master's degree
- ☐ Post Secondary PhD
- ☐ Other

85) Are you able to access learning supports and continuing professional development? (Courses/webinars/workshops/conferences)

- ☐ Yes
- ☐ No
- ☐ Not sure

86) If no, please identify why not. Check all that apply. **(Question only appears if no or not sure was selected for previous question)*

- ☐ Not interested
- ☐ Workload
- ☐ Cost
- ☐ Opportunities do not meet my development needs
- ☐ Learning supports are not available
- ☐ My supervisor is not supportive
- ☐ I'm unaware of the available opportunities
- ☐ Time
- ☐ Other: ________________________
- ☐ N/A (I am able to access learning opportunities)

87) In your current role, do you have the opportunity to mentor/ precept students?

- [ ] Yes   - [ ] No   - [ ] Not sure

88) If no, why not? **(Question only appears if no or not sure was selected for previous question)*

- [ ] It's not part of my role
- [ ] Lack of time
- [ ] Lack of space
- [ ] Lack of preceptor training support
- [ ] Lack of tools/technology (i.e. equipment/ simulation labs)
- [ ] Other: ________

89) Have you mentored/precepted a student in the past two years?

- [ ] Yes   - [ ] No   - [ ] Not sure

90) If no, why not? **(Question only appears if no or not sure was selected for previous question)*

- [ ] It's not part of my role
- [ ] Lack of time
- [ ] Lack of space
- [ ] Lack of preceptor training support
- [ ] Lack of tools/technology (i.e. Equipment/simulation labs)
- [ ] Other: ________

91) Did you have any education during your post-secondary training to increase equity and accessibility?

- [ ] Yes   - [ ] No   - [ ] Not sure

Final Comments

92) Is there any additional information you would like us to know that has not been covered? (Max 200 words)

Appendix B: Post Focus Group Survey

Introduction/ Purpose:

In June 2020, the Ministry of Health (the Ministry) launched the Allied Health Policy Secretariat (the Secretariat) to provide stewardship and focused leadership to more than 70 allied health professions and occupations providing vital health services to British Columbians. The Secretariat has been tasked with creating a three-year strategic plan to set the direction of allied health in BC, including the vision of allied health practice, education, and role optimization to better support patients, and to achieve health system goals.

This survey has been developed for allied health stakeholders who were unable to attend a focus group session or have additional feedback that was not able to be shared during a session. We would also like to collect additional information on three key themes (cultural safety and humility; partnership and collaboration and recognition of allied health) and hear your feedback on the focus group sessions. The survey results will be used to inform the Ministry's three-year Provincial Allied Health Strategic Plan's priorities and initiatives, as well as provide insights into the Ministry's Health Human Resources Strategy planning process.

It will take approximately 20 minutes to complete this survey and your participation is voluntary. All information will be stored anonymously, confidentially, and securely by the Allied Health Policy Secretariat at the Ministry of Health and will only be accessed by authorized persons. Although this survey is confidential, please do not provide any personal identification information or third-party identifying information when responding to the open-ended questions.

Please do not forward this survey without authorization from the Allied Health Policy Secretariat.

A Privacy Impact Assessment has been completed internally for this survey. If you wish to revoke your submission or for further information, please email Allied.Health@gov.bc.ca

Thank you for your participation in the Allied Health Stakeholder Consultation Survey!

General Questions:

1) Did you attend a focus group with the Ministry of Health as part of the Allied Health Provincial Consultation?
   - ☐ Yes
   - ☐ No

2) Which stakeholder group are you aligned with?
   - ☐ BC Allied Health Professional Practice Committee
   - ☐ Provincial Nursing and Allied Health Council
   - ☐ VP of HR
   - ☐ BC Health Regulator
   - ☐ Education Sector (dean, director)
   - ☐ Professional or Community Association
   - ☐ Union
   - ☐ Indigenous Partner
   - ☐ Patient Voices Network
   - ☐ VP of Medicine/ Medical Director

Identity & Recognition

3) Is the term "Allied Health" used by your sector or organization?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure

	Not at All	Not very much	Some what	Neutral	A little bit	Almost	Completely
4) To what degree does the following definition resonate with you?	1	2	3	4	5	6	7

"*The Allied Health Workforce is made up of a diverse range of health professionals and occupations, both regulated and unregulated. They provide preventative, diagnostic, rehabilitative, mental health, nutrition, and therapeutic services in a variety of settings. Allied health often work in collaboration with physicians, nurses, patients, clients, residents, families and others to optimize team-based care."*

5) Please describe why or why not. (100 words max).

6) What criteria should be considered in deciding what professions/occupations are included in the Allied Health Workforce? (100 words max).

7) What other terms could be considered to describe a collective of professions and occupations outside of medicine and nursing? (100 words max).

8) Should the following health professions/occupations be considered part of the “allied health” workforce? Check the professions/ occupations you feel SHOULD be included.
   - ☐ Pharmacists
   - ☐ Pharmacy Related Professions (i.e. Pharmacy Technician; Pharmacy Assistant)
   - ☐ Dentists
   - ☐ Oral Health Related Professions (i.e. Denturist; Dental Hygienist; Dental Assistant; Dental Technician)
   - ☐ Complementary and Alternative Health and Care Professionals (i.e. Chiropractors, Massage Therapists, Naturopathic Physician, and Traditional Chinese Medicine Practitioners and Acupuncturists)
   - ☐ Equipment Technologists/ Technicians (i.e. Radiation Therapy Service Technician)
   - ☐ Non-Clinical Support Staff (i.e. Porters, Unit Clerks, Dietary Aids, etc.)

9) What opportunities should be considered to improve recognition of the Allied Health Workforce? (100 words max).

Recruitment

10) In reference to recruitment to support the allied health public sector, what strategies are working well? (100 words max).

11) In reference to recruitment to support the allied health public sector, what new opportunities should be considered? (100 words max).

12) What supports are needed for Internationally Educated Health Professionals entering allied health roles? (100 words max).

Retention

13) In reference to retention of allied health professionals in the workforce, what strategies are working well? (100 words max).

14) In reference to retention of allied health professionals in the workforce, what new opportunities should be considered? (100 words max).

Leadership

15) What opportunities are there to increase the allied health voice, leadership, and governance in the health system? (100 words max).

Workforce and Practice Optimization

16) What are the enablers for allied health professionals to practice to full scope/level of training? (100 words max).

17) What are the barriers for allied health professionals to practice to full scope/level of training? (100 words max).

Diversity & Inclusion

18) How is cultural safety and humility integrated into new staff/student orientation, policy/practice and/or learning opportunities? (100 words max).

Partnerships & Collaboration

19) How can we strengthen partnerships and work collaboratively to implement the pending Allied Health Policy Secretariat 3 year strategic plan? (100 words max).

20) What 2-3 specific strategies would you like to see the Allied Health Policy Secretariat prioritize in the 3-year strategic plan? (100 words max).

Feedback

	N/A (Did not attend a focus group)	Very Poor	Poor	Fair	Good	Excellent
21) Overall, how did you find today's session?	1	2	3	4	5	6

22) Do you have any suggestions for how we could improve these online focus groups going forward? (100 words max).

23) Do you have any further ideas or elaborations that you would ensure are captured within this consultation? Please share them here (200 words max).

24) Are there any reference materials or data related to this consultation that you would be willing to share with us to help inform our findings? Please send these to allied.health@gov.bc.ca

Appendix C: Focus Group Questions

<table>
<tr><th>CORE THEME</th><th>QUESTION</th></tr>
<tr><td>Identity/Recognition</td><td>Is the term “allied health” used by your sector/organization?</td></tr>
<tr><td></td><td>To what degree does the following definition of Allied Health resonate with you?
Please describe why or why not.

“The Allied Health Workforce is made up of a diverse range of health professionals and occupations, both regulated and unregulated. They provide preventative, diagnostic, rehabilitative, mental health, nutrition and therapeutic services in a variety of settings. Allied health often work in collaboration with physicians, nurses, patients, clients, residents, families and others to optimize team-based care”.</td></tr>
<tr><td></td><td>Current criteria for inclusion as a member of the allied health workforce include:
- Completion of post-secondary education and training that meets profession or occupation specific qualification requirements other than medical and nursing related training
- Provides direct patient care or supports patient/ resident/ client care
- Develops/ contributes to/ informs the treatment plan

What criteria should be considered in deciding what professions/occupations are in scope and out of scope for allied health policy development and support?</td></tr>
<tr><td></td><td></td></tr>
<tr><td>Recruitment and Onboarding</td><td>In reference to recruitment of allied health professionals to support the public sector, what strategies are working well, and what new opportunities should be considered?

What supports are needed for Internationally Educated Health Professionals entering allied health roles?</td></tr>
<tr><td></td><td></td></tr>
</table>

Retention	In reference to **retention** of allied health professionals in the workforce, what strategies **are working well**, and what **new opportunities should be considered**?
Leadership	What opportunities are there **to increase the allied health voice, leadership, and governance** in the health system?
Workforce and Practice Optimization	What are the **enablers** for allied health professionals to **practice to full scope/level of training**? What are the **barriers** for allied health professionals to **practice to full scope/level of training?**
Education and Training	In reference to **education and training** for the allied health workforce in BC, what strategies **are working well**, and what **new opportunities should be considered**?

Appendix D: Focus Group and Info Session Participants

Focus Group Participants (19 Total)	
Date & Time	**Stakeholder Group**
June 11 1:00-2:30	Professional Associations (Physiotherapy, Social Work, Genetic Counselling, Psychology, Spiritual Care)
June 14 10:00-11:30	Professional Associations (Occupational Therapy, Medical Radiation Technology, Anesthesiology, Pharmacy, Respiratory Therapy)
June 15 10:00-11:30	Professional Associations (Speech and Hearing, Ultrasonography, Paramedic, Laboratory Science, Dietetics)
June 16 1:30-3:00	British Columbia Association of Community Health Centres (BCACHC)
June 18 10:00-11:30	Health Sciences Association (HSA)
June 18 3:00-4:30	Allied Health Professional Practice Committee (AHPPC)
June 23 11:00-12:30	Deans & Directors/AEST
June 25 1:00-2:30	British Columbia General Employees Union (BCGEU)
June 28 1:00-2:30	Allied Health Students (Okanagan College, Camosun College, Thompson Rivers University, College of New Caledonia, University of British Columbia, British Columbia Institute of Technology, Vancouver Community College)
June 30 10:00-11:30	CUPE 873
June 30 1:00-2:30	Provincial Nursing and Allied Health Council (PNAHC)
July 5 12:30-2:00	Health Employers Association of BC (HEABC)
July 5 2:30-4:00	Health Sciences Association (HSA) - Members
July 6 1:00-2:30	Hospital Employees Union (HEU)
July 6 3:00-4:00	Medical Affairs/VPs of Medicine
July 7 9:00-10:30	Health Sciences Association (HSA) – Members
July 7 1:00-2:00	VPs of HR
July 8 9:00-10:30	BC Health Regulators (Social Work, Speech & Hearing, Chiropractic, Opticianry, Dietetics, Traditional Chinese Medicine, Dental Hygienics, Occupational Therapy, Naturopathy,

	Optometry, Physical Therapy, Massage Therapy)
July 9 10:30-12:00	Hospital Employees Union (HEU) - Members

Info Session Participants (28)	
Date & Time	**Stakeholder Group**
May 10 2:30-3:30	Pharmaceutical, Laboratory and Blood Services Division
May 13 9:45-10:15	Provincial Nursing and Allied Health Council
May 14 12:25-12:45	VPs of HR
May 14 2:30-3:00	Allied Health Professional Practice Committee
May 18 1:20-1:30	Health Sector Workforce Beneficiary Services Division
May 26 2:15-2:45	Executive Director Network
May 28 11:00-12:00	Vancouver Coastal Health Steering Committee
May 31 3:00-3:30	BC Health Regulators (Co-Chairs)
June 1 10:00-11:00	AEST
June 1 11:00-12:00	Office of Indigenous Health/ First Nations Health Authority
June 7 1:30-2:30	Government Communications and Public Engagement
June 9 11:30-11:50	Health Professions Credentials Working Group
June 11 10:00-11:00	Health Services Division
June 16 11:00-12:00	Health Sciences Association
June 17 12:30-1:15	BC Health Regulators (all members)
June 17 2:30-3:00	Health Employers Association of BC
June 212:00-3:00	Acute and Provincial Services Branch
June 22 10:00-11:00	BC General Employers Union
June 22 1:00-2:00	Doctors of BC
June 23 9:00-10:00	BC Nurses Union
June 24 3:00-4:00	BC Health Coalition
June 24 2:30-3:30	Health Employers Union
June 24 9:30-10:30	CUPE 873
June 24 3:00-4:00	BC Health Coalition
July 8 12:30-1:30	Team Based Care Advisory Group
July 16 2:00-3:00	Ministry of Children and Family Development
July 19 11:00-12:00	Canadian Society of Hospital Pharmacists
July 20 11:00-12:00	Resident Doctors of BC