

Measuring the ACPAC Program Trained Extended Role Practitioner (ERP) Workforce in Canada: A Profile of Practice Settings, Roles and Participation in Models of Arthritis Care in Canada

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Background

Innovative, comprehensive and well-structured programs, such as the Advanced Clinician Practitioner in Arthritis Care (ACPAC) program¹, are recognized for their aim to ensure that practitioners are appropriately trained to assume extended roles and scopes of practice². The ACPAC program is responding to the rapidly evolving healthcare environment by producing graduate extended role practitioners (ERPs) who work across Canada, including in rural and remote regions. There is ongoing evidence of their role in improving context-driven processes and system level outcomes measured specifically in terms of access³⁻⁵, strengthened healthcare capacity^{6,7}, and perceived impact on patient outcomes⁸ and education⁹.

In Canada, the number of Rheumatologists per capita has been proposed as a system level performance measure for arthritis care and their dearth and unequal distribution is well documented^{10,11}. Given the known service-demand issues¹², new and more efficient models of sharing care with other relevant health discipline professionals invested in arthritis care is considered a viable solution to better triage and co-manage the growing number of patients with arthritis and musculoskeletal disorders. Measuring the workforce characteristics of the ACPAC program trained ERPs is a preliminary step to better appreciate the growing presence of these highly trained practitioners within the arthritis care landscape across Canada.

Objectives

- 1. To measure and map the ACPAC ERP workforce in Canada.
- 2. To present a snapshot of general practice characteristics relating to the ACPAC-trained healthcare professional including the nature of their clinical settings, roles and participation in the workforce as ERPs, and models of arthritis care in which they practise.

Methods

As part of quality assurance measures, graduates of the ACPAC program were asked to contribute data pertaining to their current practice in the

following categories: discipline, geographic location/setting (urban, community, remote/rural), participation in the workforce as an ERP (% FTE), nature and percent of practice (orthopaedic, rheumatology) as an ERP, age groups treated, and participation in different models of arthritis care.

General practice locations of ACPAC program trained ERPs were geospatially plotted by province across Canada, as well as superimposed upon Ontario-derived LHIN (Local Health Integrated Network)-based maps representing Rheumatologist distribution in Ontario.

Results

There have been 69 graduates of the ACPAC program with 66 in the current workforce (2 retired, one deceased); base disciplines include Physical Therapists (n=49), Occupational Therapists (n=13) and Registered Nurses (n=7). 9 remain working in traditional roles and 3 are in leadership roles leaving a residual of 54 in active ERP roles. The nature and percent of practice of these ERP roles are as follows: triage rheumatology 100% FTE (20%) and fractional <100% (46%); triage orthopaedics 100% FTE (6%) and fractional <100% (15%); triage rheumatology and orthopaedics 100% FTE (9%) and fractional <100% (4%) (Figure 1).

The patient age-groups treated are adults/seniors (83%); adults and paediatrics (7%); and paediatrics (10%) (Figure 2).

The practice settings of these ERPs are as follows: urban (50%); community (35%); and remote/rural (15%) (Figure 3).

The ACPAC ERPs currently practise in community-based home care, community-based Rheumatologists' clinics, telehealth/ECHO, family health teams, hospital-based, visiting Rheumatologist and visiting ERP/fly in models of arthritis care (Figure 4).

The distribution of ACPAC program graduates across Canada is shown in Figures 5a-b.

The locations of ACPAC ERPs practising in Ontario are geospatially superimposed upon LHIN-based maps representing the current distribution of Rheumatologists in this province (Figures 6 a-c).

Figure 1 ACPAC Program Tained RPS Current Roles Current R

Patients and ii. Other Healthcare Professional

Figure 6a-c

Figure 6a. Graduates and Trainees of the ACPAC

Conclusion

The distribution of the highly trained ACPAC ERPs and a presentation of their diverse practice settings demonstrates how this workforce is improving capacity in Rheumatology services across Canada. Aside from resource planning, this information is a practical step toward achieving improved connectivity between Rheumatologists and an established network of ACPAC program trained ERPs which will ultimately benefit access to arthritis care for patients. Next steps include issuing a Pan-Canadian workforce survey which will explore attributes of all identified non-physician arthritis care specialists: Stand Up and Be Counted Too (2).

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