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Personal Support Worker Education in Ontario: Trends, Challenges and Strategies for Meeting Labour Market Demand

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Ontario has an increasingly urgent demand for personal support workers (PSWs) — healthcare professionals who assist elderly, disabled and other vulnerable populations in long-term care (LTC) homes, hospitals and other healthcare settings. Estimates suggest that by 2032, the province will need at least 50,000 more PSWs to meet the growing needs of an aging population (Jones, 2024). The scope of PSW work has also shifted in recent years: Some PSWs may now perform tasks traditionally assigned to registered nurses (RNs) and registered practical nurses (RPNs), such as administering medications and assisting with therapeutic exercises (Anderson College, 2025; Saari et al., 2018). These expanded responsibilities add further complexity to an already difficult job, one in which concerns around safety, compensation, respect from colleagues and the physical nature of the work can lead to high attrition rates (Dragicevic et al., 2025). In the face of these challenges, ensuring an adequate, well-trained and consistent supply of PSWs will require a coordinated effort from Ontario’s government ministries, healthcare employers and education providers.

This report explores one part of that equation: PSW certificate programs offered by publicly assisted colleges and Indigenous Institutes in Ontario.¹ These programs are an important pipeline for PSW graduates in the province. Ensuring they operate smoothly and reach as many students as possible is crucial to meeting ongoing demand for PSWs. While these programs cannot always address the workplace concerns of many PSWs, they can help prepare graduates to face some of these challenges. Most importantly, they can build capacity to provide a steady stream of new graduates to counteract attrition rates. The Higher Education Quality Council of Ontario (HEQCO) analyzed application, enrollment and graduation data and conducted interviews with program staff to identify key challenges and opportunities.

Our findings showcase PSW programs that are working effectively, but whose impact could be strengthened further through strategic investment and stakeholder collaboration. Participation has increased in recent years, and government financial incentives have driven interest from older applicants and working healthcare professionals. Postsecondary institutions, faced with financial and human resource constraints, have prioritized innovative strategies to ensure students transition successfully into PSW work upon graduation. Government can support these efforts

¹ School boards and private career colleges also offer PSW education and training. We offer information about these programs in the “Background” section below.



through continued investment in incentives and program operating costs. Institutions can share best practices with one another and prioritize relationships with local healthcare facilities that students rely on for experiential learning opportunities.

Background

Ontario has a complex PSW education landscape with several public and private actors. Understanding how these groups operate and interact is important when considering policy development for this space.

PSW Education Providers

PSW programs are offered by four education providers: publicly assisted colleges, Indigenous Institutes, private career colleges (PCCs)² and public school boards. Each provider offers a blend of theory and hands-on learning opportunities. Programs consist of approximately 400 hours of in-school theory and 300 hours of clinical placements (Humber Polytechnic, n.d.-a; National Association of Career Colleges, n.d.; Ontario Association of Adult and Continuing Education School Board Administrators, n.d.). During their placements, students work in a variety of healthcare settings and complete key PSW tasks under the supervision of a preceptor, an experienced practitioner who provides training and mentorship. All PSW pathways, with the exception of school board programs, result in an Ontario College Certificate upon completion.³ With this credential, graduates can work in PSW roles and pursue further education in healthcare fields (for example, a credential in practical nursing).

While content and educational outcomes are similar across PSW program providers, delivery format and other details can vary. At PCCs, programs can be as short as five months, and tuition, unregulated by the province, generally falls between \$6,000 and \$9,000 (Higher Education Strategy Associates, 2022). PSW programs offered by Ontario publicly assisted colleges typically last six to eight months, with tuition fees of

² The Ontario government refers to these institutions as “career colleges.” For clarity, and because they are not publicly funded or assisted, we use the term “private career colleges (PCCs)” in this report.

³ Instead of an Ontario College Certificate, school boards award an Ontario Training Program Certificate upon program completion. This credential is held to the same Ministry of Colleges, Universities, Research Excellence and Security standard that applies to college certificate programs.



approximately \$5,000. Indigenous Institutes partner with nearby publicly assisted colleges to offer PSW programs; their duration and costs are similar to public colleges'. Public school boards offer PSW programs at no cost to students. These operate through adult education departments and last between five and eight months, depending on location.

Quality Assurance and Funding

Several government and non-governmental bodies oversee quality assurance and provide funding for PSW education in Ontario. The Ministry of Colleges, Universities, Research Excellence and Security (MCURES) provides operating funding to public colleges and Indigenous Institutes, which helps cover program costs. It also sets standards for all PSW programs, including those offered by school boards and PCCs (Government of Ontario, 2022). School board programs are overseen by MCURES in partnership with the Ministry of Education. The Ontario Association of Adult and Continuing Education School Board Administrators (CESBA) plays a key role in school board PSW education, partnering with ministries to support programming at 60 school boards across the province.

In recent years, the provincial government has implemented several incentive programs aimed at boosting PSW program enrollment and retention (Government of Ontario, 2025). These initiatives, coordinated and funded by MCURES, the Ministry of Health and the Ministry of Long-Term Care (MLTC), have provided tuition assistance, supplemented clinical placement stipends and encouraged existing LTC employees (such as orderlies and administrative staff) to train as PSWs, including through the Learn and Earn Accelerated Program (Humber Polytechnic, n.d.-b). MLTC also provides funding to support and expand living classrooms, a new delivery model in which students complete their entire training program in an LTC home (Government of Ontario, 2024a; Fleming College, n.d.).

Currently, PSW students may be eligible to receive a stipend of up to \$5,440 during their clinical placement in an LTC home or community-care setting (Ontario Health, 2025). In addition, some initiatives offer funding to new PSW graduates. PSWs who make a twelve-month commitment to an LTC home, for example, may be eligible for a Recruitment Incentive of \$10,000, as well as an additional Relocation Incentive of \$10,000 if they move to a rural, remote or Northern community at least 100km away from their principal residence. In 2021, the Ontario government introduced the



Accelerated PSW Training Program, which provided free tuition and clinical placement stipends to students in six-month accelerated PSW programs (Government of Ontario, 2021b). This initiative, intended to address labour shortages during COVID-19, is no longer in place.

PSW Regulation and Working Conditions

Unlike other healthcare professions, PSWs are not governed by a regulatory body that sets standards for licensing, employer conduct and public protection. Many PSWs have left or considered leaving their roles in recent years due to anxiety, stress and burnout (Dragicevic et al., 2025). PSWs also have relatively low earning potential, with annual earnings of approximately \$35,000 (Statistics Canada, 2025; Government of Canada, 2024). These factors may contribute to current PSW shortages (Ireton, 2021). The Ontario government has taken steps to address these issues by creating the Health and Supportive Care Providers Oversight Authority (HSCPOA) to promote high standards and quality care in the PSW profession. Currently, membership in HSCPOA is voluntary and available to PSW program graduates. As of October 2025, the regulatory body had approximately 6,100 members, despite Ontario having more than 100,000 PSWs eligible to register (Government of Ontario, 2024b; HSCPOA, 2025).

Research Questions & Methodology

This report explores Ontario's public postsecondary education pipeline for preparing PSW graduates. It is informed by the following research questions:

1. How have application, enrollment and graduation trends for PSW programs at public colleges and Indigenous Institutes changed over time?⁴
2. What challenges shape PSW program delivery at Ontario's public colleges and Indigenous Institutes?
 - a. How can government and institutions address these challenges?

⁴ We reviewed application and enrollment data from 2015-16 to 2022-23, as well as graduation data from 2012-13 to 2021-22.



HEQCO analyzed PSW program application data from the Ontario College Application Service (OCAS), as well as enrollment and graduation data from MCURES. Data were categorized by institution, region, gender, registration type, student status and entry type (direct versus non-direct). Data were analyzed using STATA and visualized through interactive data visualizations in Tableau. MCURES also provided data on enrollment and graduation headcounts at Indigenous Institutes from 2018-19 to 2023-24.

We also conducted nine semi-structured interviews with 17 staff (deans, associate deans, directors, program coordinators/managers, instructors), with representation from public colleges, Indigenous Institutes and PCCs. Interview questions focused on program structure, key challenges, recent and anticipated changes in delivery, use of resources and opportunities for collaboration in PSW education. Interview notes were coded thematically using NVivo.

Findings

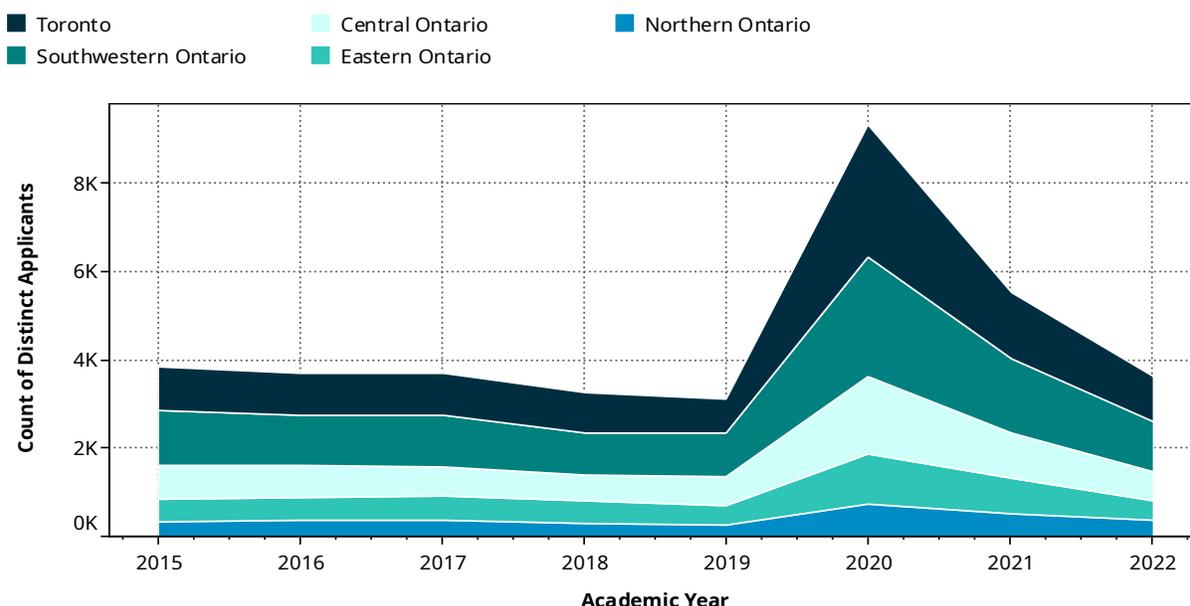
Application, Enrollment and Graduation Trends for PSW Certificate Programs

Applications to public college PSW programs fluctuated between 2015-16 and 2022-23. OCAS data show that after a period of gradual decline (22% from 2015-16 to 2019-20), applications increased by 199% in 2020-21 (3,154 to 9,423) (Figure 1). This corresponds with the COVID-19 pandemic, when the province had higher demand for PSWs and government introduced incentives to help grow interest in PSW programs (Toronto Metropolitan University, 2022). Toronto colleges had the largest growth in applications in 2020-21, though other regions saw increases as well. Some regions in Figure 1 are home to multiple colleges, while others are home to just one. Applications across the province began to decline in 2021-22 and approached pre-pandemic levels in the following years.



Figure 1

Annual OCAS Applicants to PSW Programs by Region, 2015-16 to 2022-23



Source: OCAS Applicant Data, 2024. Cell values with a headcount of less than 3 were suppressed.

Note: This visual displays all individuals who applied to at least one PSW program via OCAS. Region is a derived variable that applied Statistics Canada’s economic region classification to the physical location of colleges and their catchment areas. With the exception of Toronto, the regional categories combine adjacent economic regions so that each category contains more than one institution. The regions depicted in this visual correspond to the following Statistics Canada economic regions: Southwestern Ontario = Windsor–Sarnia, London, Hamilton–Niagara Peninsula; Central Ontario = Kitchener–Waterloo–Barrie, Muskoka–Kawartha; Eastern Ontario = Kingston–Pembroke, Ottawa; Northern Ontario = Northwestern Ontario, Northeastern Ontario.

PSW applicant demographics shifted during the COVID-19 pandemic as well. In 2020-21, applications to PSW programs from older age groups increased substantially. Applicants aged 25–34 made up 28% of total applications that year, up from 19% the previous year; those aged 35–44 made up 13%, up from 6%; and those aged 45–54 made up 7%, up from 2%. Conversely, applicants aged 16–24 accounted for a smaller proportion of the total pool, declining from 72% in 2019-20 to 51% in 2020-21. These shifts correspond with an increase in non-direct applications (those who do not apply directly from secondary school, often older with some work experience): from 2015-16 to 2019-20, this group comprised approximately 75% of total applications and grew to 90% in 2020-21.



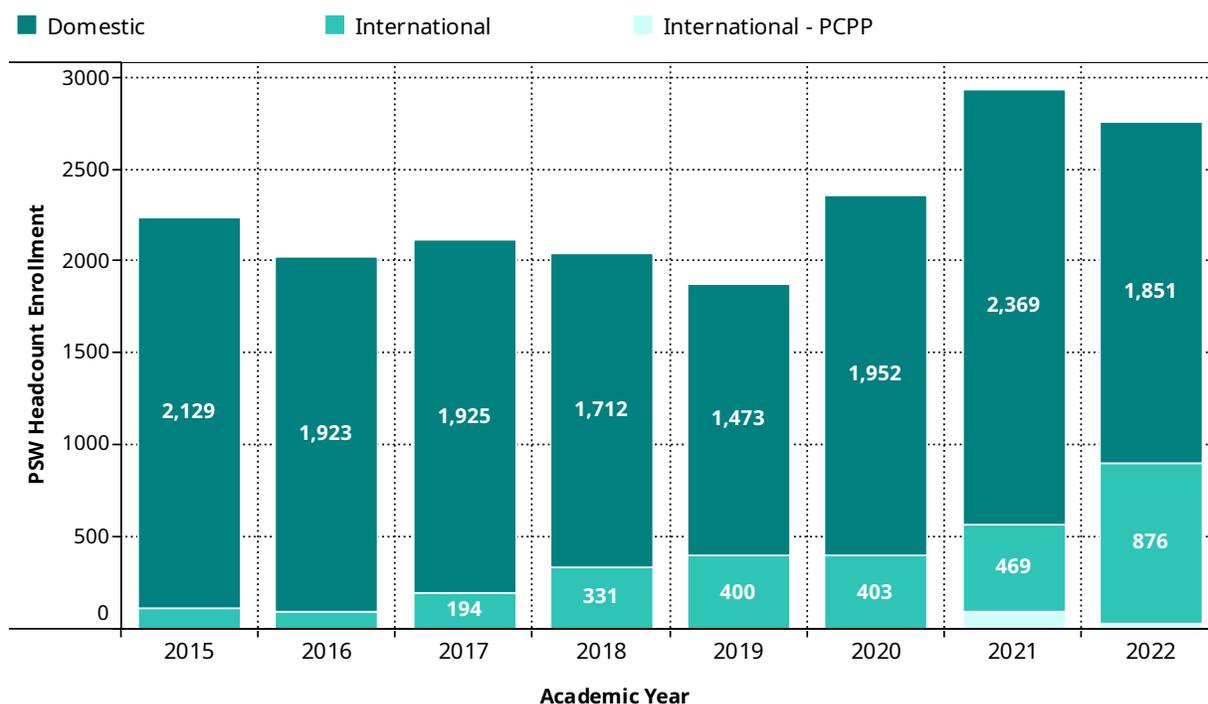
Interviewees described why PSW programs often appeal to non-direct applicants, which provides context for trends in applicant demographics. For example, several interviewees felt that incentives and financial support had been particularly effective in attracting students who needed to balance their studies with family, professional and financial obligations. We also heard that offering clear advancement pathways (PSW to practical nursing, for example) played a role in boosting applications, enrollment and retention. These models help position PSW programs not only as entry points to the workforce, but as part of a broader set of opportunities for professional development.

PSW program enrollment trends mirrored application trends. MCURES data show year-to-year fluctuations in total, domestic and international enrollment from 2015-16 to 2022-23 (Figure 2). After a period of gradual decline (16% from 2015-16 to 2019-20), total enrollment grew by 25% in 2020-21, including a 32% increase in domestic enrollment. In 2022-23, domestic enrollment fell by 24%, returning to pre-pandemic levels. Notably, domestic PSW enrollment aligns with broader domestic enrollment at Ontario public colleges, which has steadily declined for much of the past decade (HEQCO, 2025a). The fact that PSW programs briefly managed to break that trend suggests potential for PSW training to attract greater domestic interest when bolstered by the right mix of visibility, urgency and financial support.



Figure 2

PSW Headcount Enrollment at Ontario Publicly Assisted Colleges by Student Status,⁵ 2015-16 to 2022-23



Source: MCURES, Postsecondary Analytical Environment, 2024. Cell values with a headcount of less than 3 were suppressed.

Note: “International – PCPP” indicates those students who attended an Ontario public college via a public college–private partnership (PCPP). A PCPP is a contractual arrangement between a public college of applied arts and technology and a third party for the delivery, by the third party, of college programs leading to an Ontario College Credential (MCURES, 2019). Only one college enrolled PSW students at its PCPP campus; prior to 2021, these enrollments were included in their total international student enrollment counts rather than reported separately.

In recent years, international student enrollment in PSW programs has increased substantially. In 2015-16, international students accounted for 4.8% of total enrollments; by 2021-22, this had increased to 31.9% (from 111 to 901) (Figure 2). International students also graduate at higher rates: Among those who started their programs in 2021-22, 93% of international students graduated, compared to just 69% of domestic students (Figure 3). Both domestic and international PSW students have strong

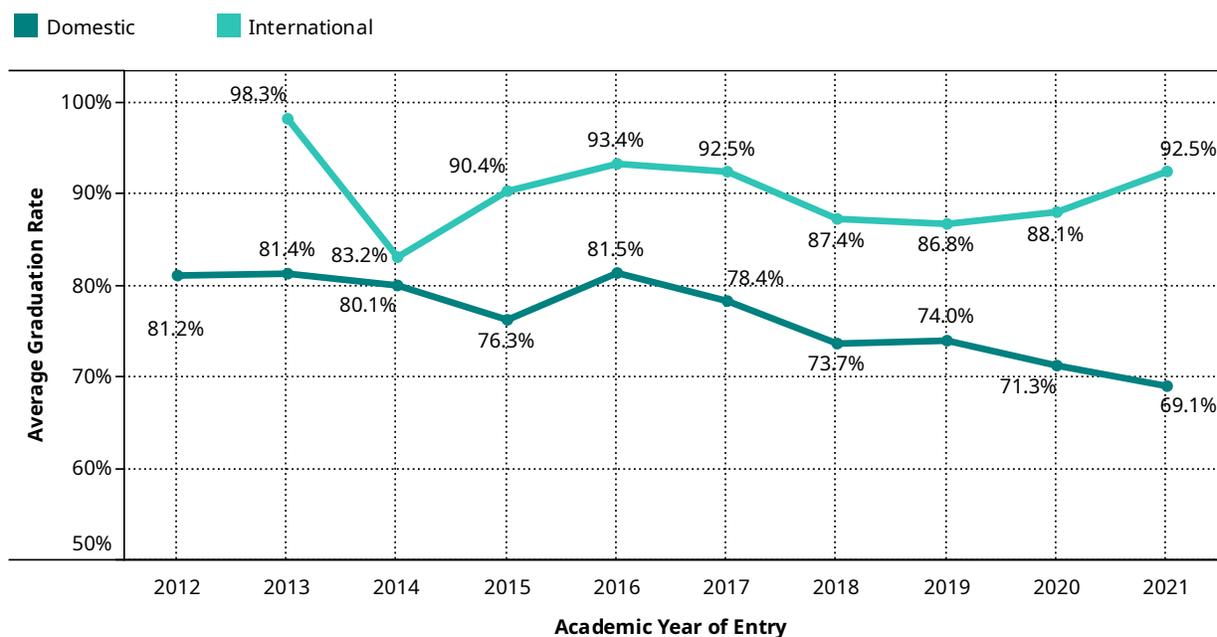
⁵ This figure does not include students enrolled in PSW programs at Indigenous Institutes.



graduation rates relative to their peers across all certificate programs (HEQCO, 2025b). Through most of the 2010s, domestic graduation rates for certificate programs hovered at just over 60% while international rates were approximately 73%.

Figure 3

Annual PSW Graduation Rates by Student Status and Academic Year of Entry, 2012-13 to 2021-22



Source: MCURES, Postsecondary Analytical Environment, 2024. Cell values with a headcount of less than 3 were suppressed.

Note: Graduation rate is calculated as the proportion of an entering cohort that has graduated within 200% of a program’s length. In the case of PSW certificate programs, which typically take one year to complete, graduation rate is calculated over two years from the year of entry. The x-axis indicates the academic year of entry for a given cohort, and the rate indicates the proportion of that entering cohort that has graduated within two years of starting (for example, the percentage of the 2012 entering cohort that graduated by 2014).

Interviews with PSW program staff suggest underlying causes for international student enrollment and graduation trends. Program administrators highlighted that international student PSW program graduates were eligible for a Post-Graduation Work Permit. Others shared that many international students view PSW programs as a stepping stone toward permanent residency, or as an entry point to other regulated health professions, short-term workforce access or recertification for internationally trained registered nurses. These credentials are also classified as priority fields for immigration



and labour market alignment; interviewees anticipated that, as a result, their international enrollment would remain strong in upcoming years (Immigration, Refugees and Citizenship Canada, 2025).

Indigenous student interest and participation in PSW programs has increased in recent years as well. Between 2018-19 and 2023-24, total enrollment in PSW programs at Indigenous Institutes nearly doubled, from 49 to 94.⁶ Further, across all public colleges, applicants identifying as having Indigenous background increased from 2% to 8% from 2015-16 to 2022-23. In interviews, Indigenous Institutes described wraparound supports that have contributed to improved retention and graduation; these supports were grounded in holistic wellness and included cultural advisors, community gatherings and learning areas rooted in land, language and traditional stories. However, we also heard that systemic barriers, such as a lack of running water and ongoing challenges in securing reliable internet access, continue to make PSW programming in Indigenous communities challenging to start and maintain.

Challenges in PSW Education and Opportunities to Support a Stronger Pipeline

Staffing Limitations

Interviewees shared that PSW programs face persistent staffing limitations, which may negatively affect students' learning experiences and career readiness. Several institutions reported difficulty hiring qualified instructors due to financial constraints and sector-wide competition for skilled workers. PSW programs, one interviewee highlighted, are competing for staff with hospitals, LTC homes and other healthcare providers who also face staffing limitations. Others noted that part-time instructors often balance teaching responsibilities with unstable working hours and low pay in their

⁶ These institutions saw an increase in graduate headcounts during the same period from 22 to 56.



professional roles; this can lead them to seek full-time work elsewhere, resulting in frequent instructor turnover.

Institutions relied on innovation and creativity to address staffing limitations. Some tailored delivery formats to better suit faculty needs, prioritizing hybrid models (blending online theory with in-person labs and simulations) that could adapt to instructors' schedules more easily. One public college, for example, redesigned their schedule to introduce condensed preceptorship periods modeled after nursing programs. This approach adapted their 14-week semester into nine weeks of theory, followed by five weeks of immersive practical training with an experienced, working PSW.⁷ This freed up instructor time while providing students with more concentrated clinical experience.

Addressing staffing limitations is especially important in the context of increases to the scope of PSW work. PSWs, interviewees shared, are stepping into primary roles in understaffed settings and being called upon to perform tasks traditionally assigned to nurses, such as administering medication and assisting with medical procedures (Eastern College, 2024; Anderson College, 2025).

Clinical Placements

Clinical placements are a mandatory component of PSW certificate programs and crucial to supporting the pipeline of PSW graduates into Ontario's healthcare sector. Yet interviewees shared that hospitals, LTC homes and other facilities have limited spots for placements, and that PSW programs often must compete with one another to secure access for their students. Bridging, nursing and other healthcare programs also rely on these facilities, further complicating this issue. Broader systemic issues limit placement opportunities as well. Some employers are hesitant to take on students due to the added financial and training commitments required. Preceptors often struggle to balance their already demanding workload with the responsibility of supervising PSW students. These barriers prevent students from fulfilling their program requirements on time and receiving the skills and experience they need to transition successfully into PSW roles after graduation.

⁷ In a typical PSW program structure, the first semester is dedicated to in-class learning and students complete clinical placements in the second semester. In adapted models, students complete more concentrated placements in both semesters.



Barriers to securing clinical placements vary by region. One interviewee described “an influx” of PSW students in the Greater Toronto Area, with too many students and heightened competition for limited placements. Conversely, we heard that northern and remote regions have insufficient healthcare facilities to provide enough placement opportunities. Interviewees shared examples of students who needed to travel far from their communities to fulfill clinical requirements, leading some to drop out of their studies. Students at Indigenous Institutes face additional infrastructural barriers including unpaved roads and limited or no access to broadband internet. Targeted supports for students and institutions in northern and remote regions, including efforts to understand and address the unique, systemic issues facing Indigenous communities, could help increase access to placements.

Interviewees shared several ideas for addressing clinical placement shortages and encouraging greater employer/preceptor participation. While many praised the living classrooms initiative as a step in the right direction, some also felt an incentive-based approach could further improve placement stability. Employers, for example, could receive financial support if they accepted a group of PSW students once per term; this would make availability of clinical placements more predictable and sustainable. To ease preceptor workload, one institution implemented a phased approach in which students attended their placement with instructors during the first week and worked under a preceptor in the second. Some suggested that having a faculty member support preceptors with mentorship responsibilities during the first few weeks could alleviate staff burnout. These strategies can ease the onboarding burden healthcare providers and preceptors may experience when taking on students, making placements more accessible for everyone involved.

Partnerships can also play a key role in increasing access to clinical placements. Some public colleges developed a shared regional spreadsheet system to coordinate placements, both among themselves and with clinical partners. Interviewees noted that this tool supports advanced planning, reduces administrative back-and-forth and helps avoid unnecessary competition for limited spots. It also eases strain on LTCs and hospitals by creating clearer timelines and expectations. The approach is well-suited for rural, northern and remote communities, where placement options are more limited. In large urban areas it may have less success simply due to the number of actors in the system.



With limited placement opportunities, some institutions relied on simulation labs to ensure students developed key PSW skills. These labs provided a practice-based learning environment where students worked through a wide range of simulated healthcare scenarios, preparing them for future clinical placements and PSW roles after graduation. We heard that simulation, while not intended to replace clinical placements, is a necessary and practical tool for maintaining students' skill development, especially in regions with limited placement availability.

Interviewees shared, however, that relying on simulation labs presents ongoing financial and human resource costs. One college we spoke to had restructured its program with added simulation hours, requiring them to hire additional staff and dedicate time to designing clinical content. Others shared that simulation lab content was often outdated. Ensuring they reflect modern PSW environments (such as home, hospital and LTC settings) is time-consuming and often exceeds PSW program budgets. An interviewee shared, for example, that their staff needed to “jump through hoops” to expose students to Hoyer lifts, a technology common to PSW work but often missing in simulation labs. Beyond financial challenges, many PSW programs share simulation and lab spaces with other health programs (such as practical nursing or paramedic programs), which creates scheduling conflicts and forces trade-offs in training quality.

Conclusion

PSW programs offered by public colleges and Indigenous Institutes will play a vital role in meeting Ontario's growing demand for PSWs. These programs have made a positive impact and expanded in recent years, with strong graduation rates and new practices emerging to improve access and strengthen program delivery. To keep pace with rapidly increasing demand, government and institutions must work to build capacity within PSW programs to attract, train and successfully transition students into the labour market. The role of a PSW is physically, mentally and emotionally demanding, and workplace conditions are challenging. Some of these issues can be remedied, but others are inherent to the job. A steady level of attrition should be expected, whether through PSWs leaving the profession or advancing their careers with further training. In this context, ensuring that PSW programs have the resources to consistently produce steady numbers of workforce-ready graduates is crucial.



Addressing limited staff resources and the lack of clinical placements would allow institutions to scale up programs further and train more PSWs without compromising quality of education. Continued government investments can support program budgets and drive prospective student interest through incentives. Institutions can exchange best practices with one another and prioritize collaboration with local health and care providers to facilitate placement opportunities.

Future research should centre PSW student voices to better understand their motivations, concerns and post-graduation pathways. Further, examining how regional and institutional contexts shape access can inform more targeted and equitable policy investments across the sector. Meeting demand for PSWs will also require connecting education strategies to broader workforce sustainability goals, including improved equity and labour protections. These efforts will rely on collaboration between MCURES and government ministries and agencies who oversee healthcare in the province.



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