Health Workforce Database Methodology Guide for Data Tables, 2014: Medical Laboratory Technologists, Medical Radiation Technologists, Occupational Therapists, Pharmacists and Physiotherapists

Methodology Guide

November 2015

Spending and Health Workforce

Canadian Institute for Health Information
Institut canadien d'information sur la santé

Our vision

Better data. Better decisions.
Healthier Canadians.

Our mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our values

Respect, Integrity, Collaboration, Excellence, Innovation

Table of contents

Health workforce information at CIHI

The Canadian Institute for Health Information (CIHI) collects and reports on health human resources (HHR) data to support federal, provincial and territorial workforce planning and policy development.

CIHI collects and reports data on 30 groups of health care providers. For 9 professional groups, data is available at the record level unless otherwise specified; for the other 21, data is available at the aggregate level. New groups are added each year.

Record-level collection offers information on the supply, distribution, demographics and employment characteristics of health care providers; aggregate-level collection offers information on their supply and demographics. CIHI also collects information on training programs and the number of graduates for each profession.

Feedback and questions are welcome at hhr@cihi.ca.

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About this document

Record-level data for medical laboratory technologists (MLTs), medical radiation technologists (MRTs), occupational therapists (OTs), pharmacists and physiotherapists (PTs) is one of the segments held in the Health Workforce Database (HWDB) and has been collected for nearly 10 years. This document summarizes the basic concepts, underlying methodologies, strengths and limitations of the data for these 5 groups of professionals. It provides a better understanding of the health workforce information presented in our analytical products and the ways in which it can be effectively used and analyzed. This information is particularly important when making comparisons with other data sources and when drawing conclusions regarding changes over time.

Description

Medical laboratory technologists are health care providers who work in 3 disciplines: general medical laboratory technology, diagnostic cytology and clinical genetics. MLTs perform laboratory analyses and investigations and interpret laboratory results to assist clinicians with the diagnosis, treatment, monitoring and prevention of disease.

Medical radiation technologists are health care providers who work in the 4 disciplines of radiological technology, nuclear medicine, magnetic resonance and radiation therapy. MRTs use sophisticated medical technologies to produce images essential for diagnosis, provide treatment for various medical conditions, and plan and deliver ionizing radiation for therapeutic purposes.

Occupational therapists are health care providers who promote health and well-being by enabling individuals, groups and communities to participate in occupations that give meaning and purpose to their lives. The concept of occupation refers to “everything that people do during the course of everyday life,”[1] such as self-care, play, work, study and leisure.

Pharmacists are regarded as the medication management experts of the health care team and collaborate with patients, their families and other health care providers to benefit the health of Canadians. They are health care providers who work in a variety of different settings, such as hospitals, community pharmacies, family health teams, the pharmaceutical industry, governments, associations, colleges and universities.

Physiotherapists are health care providers who aim to prevent, assess and treat the impact of injury, disease and/or disorders in movement and function. PTs promote optimal mobility, physical activity and overall health and wellness; prevent disease, injury and disability; manage acute and chronic conditions, activity limitations and participation restrictions; improve and maintain optimal functional independence and physical performance; rehabilitate injury and the effects of disease or disability; and educate clients and plan maintenance and support programs to prevent reoccurrence, reinjury or functional decline.

Terminology

Throughout this guide,

- The term *supply* refers to all registrants who were eligible to practise in the given year (including those employed and those not employed at the time of registration). Note that inactive registrants and secondary registrants (also known as interprovincial duplicates) are excluded from the supply.
- The workforce is a subset of the supply. The term *workforce* refers to only the registrants who were employed in the profession at the time of annual registration, including those on leave. Please note the following:
  - All workforce data and analysis in this product represents primary employment statistics for the respective providers. Primary employment refers to employment with an employer or in a self-employed arrangement that is associated with the highest number of usual weekly hours of work (also referred to as usual weekly hours worked in the accompanying analysis).
  - The *on leave* value was added to the workforce definition beginning 2014; thus the workforce data reported in the accompanying analysis might differ from that published prior to 2014.
- The terms *health workforce*, *health workforce supply*, *health profession(s)*, *health professional group(s)* and *health care provider(s)* refer to 5 health care provider groups as a whole — MLTs, MRTs, OTs, pharmacists and PTs — unless otherwise specified.
- *Inflow* refers to the number of registrants entering the profession in a jurisdiction. This includes new graduates, those migrating from another Canadian jurisdiction or foreign country, and those returning after extended leave from the profession (such as for family responsibilities or further education).
- *Outflow* refers to the number of registrants leaving the profession in a jurisdiction. This includes those exiting the profession, those migrating out and registering in another Canadian jurisdiction or foreign country, and those going on extended leave from the profession. Death would also be counted as outflow.
- *Renewal* refers to the number of registrants who continued their registration in a jurisdiction where they were registered in the year before.

Privacy and confidentiality

To safeguard the privacy and confidentiality of data received by CIHI, guidelines have been developed to govern the publication and release of health information in accordance with provincial and territorial privacy legislation. CIHI is a prescribed entity in Ontario, which means that health information custodians in Ontario can provide personal data to us without the consent of individuals.

Data quality

CIHI is founded upon the principles of data quality, privacy and confidentiality. Data collection, processing, analysis and dissemination are guided by CIHI's commitment to publishing high-quality data in a privacy-sensitive manner.

Regulation status

Whether a health profession is regulated in a jurisdiction has a significant impact on data collection and data quality. Table 1 summarizes the regulation status of selected health professionals in Canada.

Table 1 Regulation status as of 2014, by health professional group and jurisdiction

Jurisdiction	MLT	MRT	OT	Pharmacist	PT
Newfoundland and Labrador	✓	*	✓	✓	✓
Prince Edward Island	x	*	✓	✓	✓
Nova Scotia	✓	✓	✓	✓	✓
New Brunswick	✓	✓	✓	✓	✓
Quebec	✓	✓	✓	✓	✓
Ontario	✓	✓	✓	✓	✓
Manitoba	✓	*	✓	✓	✓
Saskatchewan	✓	✓	✓	✓	✓
Alberta	✓	✓	✓	✓	✓
British Columbia	x	x	✓	✓	✓
Yukon	x	x	x	✓	✓
Northwest Territories	x	x	x	✓	x
Nunavut	x	x	x	✓	x

Notes

✓ Regulated.

x Unregulated.

* Unregulated, but registration with both the provincial association and the Canadian Association of Medical Radiation Technologists (CAMRT) is mandatory.

Data source

Provincial and territorial regulatory or licensing bodies are the primary providers of data submitted to the Health Workforce Database (HWDB) at CIHI.

Data for unregulated health professionals may be submitted by the corresponding national association. A complete list of data providers is included in the appendix.

Data collection

In provinces and territories where health professionals are regulated or require a license to practise, official registration with the provincial/territorial regulatory/licensing authority requires the completion of a registration form on an annual basis. In provinces and territories where health professionals are not regulated, the health care providers may register for an annual membership with their respective national association.

Through agreement with CIHI, regulatory/licensing authorities and national associations submit a set of standardized data to CIHI, collected using the registration forms. This data pertains to demographic, education/training and employment characteristics.

Note that the statistics reported by CIHI may differ from those reported by other sources, even though the source of the data (e.g., annual registration forms) is the same. Differences may be attributed to variations in the population of reference, the collection period, and CIHI's data exclusion criteria and editing and processing methodologies.

Population of interest

The population of interest includes all health care providers registering with

- A regulatory/licensing authority in a Canadian province or territory; or
- An appropriate national professional association if the health profession is unregulated in a province or territory.

The population of interest is also further refined to include only health care providers who submit active registrations with these organizations.

Population of reference and collection period

CIHI takes steps to adjust the population of reference of the health workforce data to represent more closely the population of interest. To better ensure timeliness, CIHI collects data prior to the end of the registration period, which varies among professions and jurisdictions. A cut-off date for data collection was established through consultation with the HWDB data providers and reflects a point in time when the majority of the registrations have been received for the registration period. Table 2 provides a summary of data collection cut-off dates by health professional group.

Table 2 Data collection cut-off date by health professional group

Professional group	Data collection cut-off date
MLT	August 1
MRT	August 1
OT	October 1
Pharmacist	October 1
PT	September 1

Under- and over-coverage

Registration period versus data collection period

While setting cut-off dates for data collection enables CIHI to release more timely data, the health care providers who register between the cut-off date and the end of the registration period are not included in the HWDB. The proportion of registrants falling outside the collection period is currently under investigation by CIHI.

Voluntary registration data

National associations submit membership registration data to CIHI for provinces and/or territories where the corresponding profession is unregulated or does not require mandatory registration with the provincial licensing authorities; this includes OTs, MLTs and MRTs. Membership registration with a national association is voluntary in most cases; data for these jurisdictions received from the national associations is therefore under-covered.

Refer to the section **Historical changes and data limitations** for details on associated under- or over-coverage issues.

Health care providers on leave

Health care providers who are employed in the profession and on leave are included in the population of reference. At the time of registration and when options exist, health care providers may state that they are employed in the profession but take leave during some of the rest of the registration period. Examples of leave are maternity/paternity leave, education leave or short-term illness or injury. While potential over-coverage may exist, the assumption is made that health care providers on temporary leave who register as employed in the profession and provide full employment information (when possible) intend to return to that position when the temporary leave ends.

Data providers and CIHI have made efforts to address the over-coverage issues and improve the accuracy of the data. Some of the issues are investigated during the data collection stage and others are examined during the review process.

Refer to the section **Historical changes and data limitations** for details on associated under- or over-coverage issues.

Non-response

Statistics on item non-response (i.e., the percentage of missing values) for reported data elements in data years 2010 to 2014 are available in the accompanying data tables for each health professional group.

Methodology

Identification of secondary registrations

Health care providers can choose to register simultaneously in multiple jurisdictions. To avoid double-counting individuals, CIHI identifies registrations that do not reflect the primary jurisdiction of practice and excludes them when reporting supply or workforce information. Such interjurisdictional duplicates are also known as secondary registrations.

Secondary registrations are identified in the HWDB and are excluded from reported statistics using the following methodology:

- When the country of residence is a non-Canadian location, the record is deemed to be a secondary registration.
- A comparison is made between the jurisdictions of registration and employment for each record; when they do not match, the record is identified as a secondary registration.
- When the jurisdiction of employment is not stated, a comparison is made between the jurisdictions of registration and residence for each record; when they do not match, the record is flagged as a secondary registration.
- When the jurisdiction of residence is not stated, the jurisdiction of employment is assumed to be the same as the jurisdiction of registration and the record is deemed to be a primary registration.

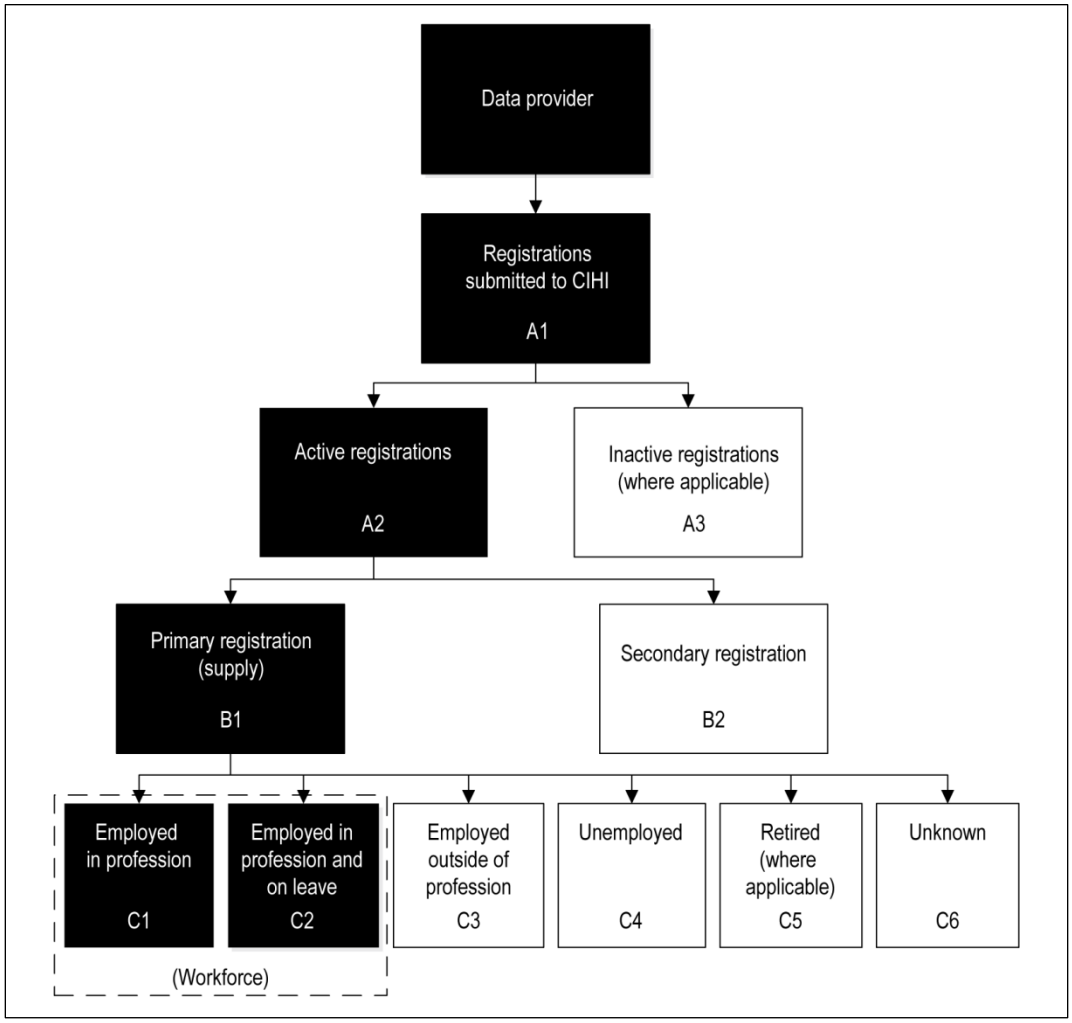
Sometimes, double-counting a health workforce professional cannot be avoided. For example, a health care provider who registers and works in multiple provinces/territories simultaneously would be double-counted in the health workforce data, as the jurisdiction of employment would match the jurisdiction of registration.

The supply of health care providers is defined after the secondary registrations have been excluded from the active registrations.

Defining the workforce

It is important to note the difference between the terms *supply* and *workforce*. The key difference is that all active registrations are included in the supply count while only the providers who work in the profession are included in the workforce count (see Figure 1); this distinction is achieved with the Employment Status indicator, and both supply and workforce counts do not include interjurisdictional duplicates. Throughout CIHI's analytical products, the focus is on health care providers who are working in their profession, referred to as the *workforce*.

Figure 1 Tracing record-level data to CIHI: Defining the workforce



Box A1: Data providers submit a subset of annual registration data to CIHI.

Box A2: Represents active registrations.

Box A3: Represents inactive registrations. Inactive registrations may be submitted by some data providers. Inactive registrations are not included in the HWDB's population of interest but are helpful to investigate data quality issues.

Box B1: Represents primary registrations, or the supply of health care providers, whose province/territory of registration reflects the primary jurisdiction of practice (see also Box B2 below).

Box B2: In the interest of preventing double-counting, health care providers who work in multiple jurisdictions are identified as secondary registrations, or interjurisdictional duplicates, and are excluded from analysis.

Boxes C1 to C6: Health care providers who explicitly state that they are *employed in the profession* (box C1) or *employed and on leave* (box C2) are included in CIHI's workforce analysis. Health care providers who are *employed outside of the profession*, *unemployed* or *retired* or whose Employment Status is stated as *unknown* are excluded from the final workforce statistics (boxes C3 to C6).

Inflow and outflow

Changes in the supply of health care providers reflect the number of registrants entering (inflows) and the number leaving (outflows) their profession each year. Analyzing inflows and outflows provides better information about how the supply is changing over time.

Inflow refers to the number of registrants entering the profession in a jurisdiction. This includes new graduates, those migrating from another Canadian jurisdiction or foreign country, and those returning after an extended leave from the profession.

Outflow refers to the number of registrants leaving the profession in a jurisdiction. This includes those exiting the profession, those migrating out and registering in another Canadian jurisdiction or foreign country, and those going on extended leave from the profession. Death would also be considered as outflow.

CIHI does not currently collect data to explain why some previously registered health care providers choose not to renew their registration. A number of factors[i] influence a person's decision on where to live and work, and these factors will change over time. For those health care providers age 60 and older, stopping renewal of their registration may be a signal that they have retired. For younger health care providers, particularly those early in their careers, reasons for stopping renewal of registration could include a different job opportunity outside of their province or territory, parental leave and family responsibilities, or a return to school for additional education.

Historical changes and data limitations

Historical changes to data in the HWDB have the potential to make it difficult to compare data across time. CIHI and the data providers are continually striving to improve data quality; therefore, the following information must be taken into consideration when making historical comparisons and consulting previous CIHI publications. In all cases, comparisons should be made with caution and in consideration of the historical changes made.

i. Health workers, like others in the labour force, consider many factors when choosing where to live and work. Factors might include social, political, economic, environmental and familial issues.

Medical laboratory technologist data, 2010 to 2014

Newfoundland and Labrador: Changes to regulation status

Prior to 2012, the Canadian Society for Medical Laboratory Science (CSMLS) provided voluntary registrations for MLTs in Newfoundland and Labrador. The total supply of MLTs in this province may be underrepresented.

Regulation for MLTs in Newfoundland and Labrador came into effect in 2012. For the 2012 to 2014 data years, aggregate data was provided by the Newfoundland and Labrador Council of Health Care Professionals on behalf of the Newfoundland and Labrador College of Medical Laboratory Sciences. Data is available for only MLTs working with human subjects and may also include medical laboratory health care providers other than MLTs, which may cause over-coverage. As well, the data cut-off date is December 31, which is different from the standard cut-off date of August 1.

Due to the recent change in regulation status and the multiple data sources used over the period of analysis, caution should be used when examining the data over time.

Ontario: Mapping data to CIHI's standard

For the 2014 data year, CIHI mapped the data elements and values submitted by the College of Medical Laboratory Technologists of Ontario to meet CIHI's record layout standards. Caution should therefore be used when examining the data over time due to a potential break in data consistency.

Saskatchewan: Employment Status

For the 2010 and 2014 data years, employment information for more than 60% of registrants was not available as of CIHI's data collection cut-off date. Through consultation with the Saskatchewan Society of Medical Laboratory Technologists (SSMLT), a decision was made to reclassify the missing Employment Status information to *employed in the profession* for registrants whose demographic data was available. CIHI is working with the SSMLT to further evaluate this issue.

Alberta: Tombstone data

Beginning in 2012, the College of Medical Laboratory Technologists of Alberta implemented strategies to improve its data quality. Due to this improved data quality, CIHI was able to retroactively apply data values to incorrect or missing tombstone data elements (i.e., those whose value is not expected to change, such as Year of Birth and Level of Basic Education) to data years prior to 2012.

Jurisdictions where MLTs are unregulated

Prince Edward Island, British Columbia, Yukon, Northwest Territories and Nunavut

For the 2010 and 2011 data years, registrations for Prince Edward Island, British Columbia and the territories captured only those MLTs who voluntarily registered with the CSMLS. Therefore, the total supply of MLTs in these jurisdictions may be underrepresented and caution should be observed when comparing data over the years for these jurisdictions.

Registrants with the CSMLS who were reported with an Employment Status value of *unknown* were reclassified as *employed in the profession* so that they could be correctly included in the MLT workforce counts.

For the 2012 to 2014 data years, data submitted by the CSMLS for these jurisdictions was not included in the analysis due to data quality issues.

Medical radiation technologist data, 2010 to 2014

Newfoundland and Labrador: Multiple data sources

Registrations with both the provincial association and the Canadian Association of Medical Radiation Technologists (CAMRT) are mandatory for MRTs in Newfoundland and Labrador. Data for the 2010 and 2011 data years was provided by the provincial association at the record level; data for the 2012 to 2014 data years was provided by the CAMRT at the aggregate level. Caution should be used when examining the data over time, due to the multiple data sources used over the period of analysis.

Nova Scotia: Multiple data sources

Registrations with both the provincial association and the CAMRT are mandatory for MRTs in Nova Scotia. Data for the 2010 data year was provided by the provincial association at the record level; data for the 2011 to 2014 data years was provided by the CAMRT at the aggregate level. Caution should be used when examining the data over time, due to the multiple data sources used over the period of analysis.

Quebec: Employment Status

For the 2010 to 2014 data years, certain Quebec members who worked as MRT clinical instructors and chiefs of staff incorrectly reported that they were employed outside of the profession. The Employment Status for these registrants was reclassified to *employed in the profession* so that they could correctly be included in the MRT workforce counts.

Ontario: Employment Status

For the 2010 to 2014 data years, MRTs with an Employment Status value of *unknown* were reclassified as *employed in the profession* so that they could correctly be included in the MRT workforce counts.

Jurisdictions where MRTs are unregulated

British Columbia, Yukon, Northwest Territories and Nunavut

Between 2010 and 2014, data for these jurisdictions reflects only MRTs who voluntarily registered with the CAMRT, as registration was not mandatory. Therefore, the total supply of MRTs in these jurisdictions might be underrepresented. Caution should therefore be observed when comparing data over the years for these jurisdictions.

Data for British Columbia was provided at the aggregate level. Data for the territories was provided at the record level.

Occupational therapist data, 2010 to 2014

Quebec: Data availability

Quebec OT data is unavailable prior to 2010, as Quebec began submitting data that year. Furthermore, beginning in 2011, not all data elements were collected and submitted to CIHI; therefore, CIHI was unable to report on certain data elements for Quebec.

Manitoba: Age Group and Sex

From 2010 to 2014, the College of Occupational Therapists of Manitoba (COTM) provided record-level data for Sex and Year of Birth for only those registrants who had provided their consent to share this information with CIHI. For registrants who did not consent, the data was submitted as *not collected* by the COTM. Due to the incomplete data, CIHI has used the aggregate totals for Age Group and Sex provided by Manitoba Health.

Yukon, Northwest Territories and Nunavut: Supply

The Canadian Association of Occupational Therapists submits voluntary registrations for OTs residing and working in Yukon, the Northwest Territories and Nunavut; therefore, these counts may exclude temporary relief workers or those who are registered with provincial regulatory authorities only.

Common issue: Employed and on leave

Nova Scotia, New Brunswick, Ontario, Saskatchewan and British Columbia reported on registrants who were *employed, on leave* for all data years. In 2010, Alberta and Yukon also began to collect this information. In 2011, Manitoba and Newfoundland and Labrador began to collect this information as well.

Pharmacist data, 2010 to 2014

New Brunswick: Data availability

Data was not available for the 2014 data year.

Quebec: Data availability

Data was not available for all data years as Quebec does not participate in data submissions to CIHI.

Ontario: Employment Category for primary employment

For the 2011 and 2012 data years, the Ontario College of Pharmacists was unable to identify employment categories and therefore assumed that 100% of its active registrants were permanent employees.

Manitoba: Supply

In 2010, data submitted by Manitoba included practising and non-practising pharmacists; since 2011, data has excluded non-practising pharmacists. This change caused an observable decrease in the supply.

Manitoba: Age Group and Sex

The Manitoba Pharmaceutical Association does not provide record-level data for Year of Birth and Sex; however, aggregate totals for Age Group and Sex were provided by Manitoba Health for 2010 to 2014.

Yukon and Nunavut: Data availability

Yukon data was not available for the 2014 data year.

Nunavut data was not available for all data years, as Nunavut does not participate in data submissions to CIHI.

Physiotherapist data, 2010 to 2014

Prince Edward Island: Data availability

Record-level data was not available for the 2014 data year.

Manitoba: Age Group and Sex

The College of Physiotherapists of Manitoba does not provide record-level data for Year of Birth and Sex; however, aggregate totals for Age Group and Sex were provided by Manitoba Health for 2010 to 2014.

Northwest Territories and Nunavut: Data availability

Between 2010 and 2014, data was not available for the Northwest Territories and Nunavut, as there were no territorial licensing bodies in these territories.

Appendix: List of data providers

Professional group	Jurisdiction	Data provider
Medical laboratory technologists	Newfoundland and Labrador	Canadian Society for Medical Laboratory Science (for 2010 and 2011) Newfoundland and Labrador Council of Health Care Professionals (aggregate data for 2012 to 2014)
	Prince Edward Island	Canadian Society for Medical Laboratory Science
	Nova Scotia	Nova Scotia College of Medical Laboratory Technologists
	New Brunswick	New Brunswick Society of Medical Laboratory Technologists
	Quebec	Ordre professionnel des technologistes médicaux du Québec
	Ontario	College of Medical Laboratory Technologists of Ontario
	Manitoba	College of Medical Laboratory Technologists of Manitoba
	Saskatchewan	Saskatchewan Society of Medical Laboratory Technologists
	Alberta	Alberta College of Medical Laboratory Technologists
	British Columbia	Canadian Society for Medical Laboratory Science
	Yukon	Canadian Society for Medical Laboratory Science
	Northwest Territories	Canadian Society for Medical Laboratory Science
	Nunavut	Canadian Society for Medical Laboratory Science
Medical radiation technologists	Newfoundland and Labrador	Newfoundland and Labrador Association of Medical Radiation Technologists
	Prince Edward Island	Prince Edward Island Association of Medical Radiation Technologists
	Nova Scotia	Nova Scotia Association of Medical Radiation Technologists
	New Brunswick	New Brunswick Association of Medical Radiation Technologists
	Quebec	Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec
	Ontario	College of Medical Radiation Technologists of Ontario
	Manitoba	Manitoba Association of Medical Radiation Technologists
	Saskatchewan	Saskatchewan Association of Medical Radiation Technologists
	Alberta	Alberta College of Medical Diagnostic and Therapeutic Technologists
	British Columbia	Canadian Association of Medical Radiation Technologists
	Yukon	Canadian Association of Medical Radiation Technologists
	Northwest Territories	Canadian Association of Medical Radiation Technologists
	Nunavut	Canadian Association of Medical Radiation Technologists
Pharmacists	Newfoundland and Labrador	Newfoundland and Labrador Pharmacy Board
	Prince Edward Island	Prince Edward Island College of Pharmacists
	Nova Scotia	Nova Scotia College of Pharmacists
	New Brunswick	New Brunswick College of Pharmacists
	Ontario	Ontario College of Pharmacists
	Manitoba	Manitoba Pharmaceutical Association
	Saskatchewan	Saskatchewan College of Pharmacy Professionals
	Alberta	Alberta College of Pharmacists

Professional group	Jurisdiction	Data provider
	British Columbia	College of Pharmacists of British Columbia
	Yukon	Yukon Government
	Northwest Territories	Government of the Northwest Territories
Occupational therapists	Newfoundland and Labrador	Newfoundland and Labrador Occupational Therapy Board
	Prince Edward Island	Prince Edward Island Occupational Therapists Registration Board
	Nova Scotia	College of Occupational Therapists of Nova Scotia
	New Brunswick	New Brunswick Association of Occupational Therapists
	Quebec	Ordre des ergothérapeutes du Québec
	Ontario	College of Occupational Therapists of Ontario
	Manitoba	College of Occupational Therapists of Manitoba
	Saskatchewan	Saskatchewan Society of Occupational Therapists
	Alberta	Alberta College of Occupational Therapists
	British Columbia	College of Occupational Therapists of British Columbia
	Yukon	Canadian Association of Occupational Therapists
	Northwest Territories	Canadian Association of Occupational Therapists
	Nunavut	Canadian Association of Occupational Therapists
Physiotherapists	Newfoundland and Labrador	Newfoundland and Labrador College of Physiotherapists
	Prince Edward Island	Prince Edward Island College of Physiotherapists
	Nova Scotia	Nova Scotia College of Physiotherapists
	New Brunswick	College of Physiotherapists of New Brunswick
	Quebec	Ordre professionnel des physiothérapeutes du Québec
	Ontario	College of Physiotherapists of Ontario
	Manitoba	College of Physiotherapists of Manitoba
	Saskatchewan	Saskatchewan College of Physical Therapists
	Alberta	College of Physical Therapists of Alberta
	British Columbia	College of Physical Therapists of British Columbia
	Yukon	Government of Yukon

Reference

1. Canadian Association of Occupational Therapists. Occupational therapy — definition. Accessed October 5, 2015.

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