



Health Workforce Database, 2015

Methodology Guide



Canadian Institute
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Institut canadien
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Health workforce information at CIHI

The Canadian Institute for Health Information (CIHI) collects and reports health human resources data to support federal, provincial and territorial workforce planning and policy development. CIHI collects and reports data on 30 groups of health providers. For 9 professional groups, data is available at the record level; for the other 21, data is available at the aggregate level. New groups are added as data becomes available.

Record-level collection offers information on the supply, distribution, demographic, education 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.

Information and analyses are available at www.cihi.ca/hhr.

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 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 different 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 4 different disciplines: 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 regulated health professionals who promote health, well-being and quality of life by enabling individuals, families, organizations 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. OTs contribute to the productivity of Canadians through client-centred care.

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 regulated, evidence-based primary health care providers who aim to prevent, assess and treat the impact of injury, disease and/or disorders in movement and function. PTs work to promote optimal mobility; help improve physical activity and overall health and wellness; prevent disease, injury and disability; manage acute and chronic conditions; manage 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 re-occurrence, re-injury 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 or interprovincial duplicates are excluded from the supply.
- The term *workforce* refers to only those registrants who were employed in the profession at the time of annual registration, including those on leave.
- All workforce data and analyses in this product represent primary employment statistics for the respective providers. The term *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.
- Due to the addition of the *on leave* value to the workforce definition beginning in 2014, 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)* and *health care provider(s)* refer to 5 health care provider groups as a whole: medical laboratory technologists, medical radiation technologists, occupational therapists, pharmacists and physiotherapists, unless otherwise specified.
- At present, the following are excluded:
 - The Northwest Territories and Nunavut from the physiotherapist data, as there were no licensing authorities in these territories; and
 - Quebec and Nunavut from the pharmacist data.

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. Data quality methodologies are used to maximize the accuracy, timeliness, usability and relevance of the HWDB.

Regulation status

Whether a health profession is regulated in a jurisdiction has a significant impact on data collection and the quality of the data. Table 1 summarizes the regulation status of the 5 groups of health professionals included in this data release.

Table 1 Regulation status as of 2015, by professional group and jurisdiction

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

Legend

R: Regulated.

NR: Not regulated.

* Not regulated, 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 data providers for data submitted to the 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 licence 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, 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, which is collected using the registration forms. These questions pertain to demographic, education/training and employment characteristics.

Note that the statistics reported by CIHI may differ from those reported by others, even though the source of the data (e.g., annual registration forms) is the same. Differences may be attributed to differences in the population of reference, the collection period and/or 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 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 more closely represent 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, as well as the first year of data collection, by health professional group.

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

Professional group	Data collection cut-off date	First year of data collection
Medical laboratory technologists	August 1	2008
Medical radiation technologists	August 1	2008
Occupational therapists	October 1	2006
Pharmacists	October 1	2006
Physiotherapists	September 1	2007

Under- and over-coverage

Under- and over-coverage occur when there is a difference between the population of reference and the frame. The frame for a data holding is a list of units (i.e., jurisdictions, for the HWDB) that will be part of data collection. The frame is used to determine from whom the data should be collected and what proportion of the data was actually received.

Under-coverage occurs when part of the population of reference is not included in the database.

Over-coverage occurs when duplicates appear in the database or when out-of-scope records (i.e., inactive registrants) are included in the database.

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.

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 received from the national associations for these jurisdictions is therefore under-covered.

Refer to the section [Historical changes and data limitations](#) for details associated with under- or over-coverage issues.

Health care providers on leave

Health care providers who are employed in their 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 their profession but take leave during some time of the rest of the registration period. Examples of leave are maternity/paternity leave, family leave, education leave and leave for short-term illness or injury. While potential over-coverage may exist, the assumption is that health care providers on temporary leave who register as employed in their profession and who 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 over-coverage issues and improve the accuracy of the data. Some of the issues are investigated during the data collection stage and others are investigated during the review process.

Refer to the section [Historical changes and data limitations](#) for details associated with under- or over-coverage issues.

Methodology

Identifying secondary registrations

Health care providers can choose to register simultaneously in multiple jurisdictions. In order 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 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 and excluded.
- 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 provider who registers and works in more than one province/territory 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 when the secondary registrations are excluded from active registrations.

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. Analyzing inflows and outflows provides better information about how the supply is changing over time.

Inflow occurs when a regulated health provider registers to practise in a jurisdiction in which she or he did not register the previous year. Inflow is calculated by dividing the number of new registrants — regulated health providers who were not registered to practise in the same province or territory the year before — by the total number of registrants in the same year. Inflow can include new graduates, as well as regulated health providers who migrate in from other Canadian jurisdictions or foreign countries.

Outflow occurs when a regulated health provider fails to renew her or his registration in a jurisdiction the following year. Outflow is calculated by dividing the number of registrants who did not renew their licence to practise in the same province or territory by the total number of registrants in the same year. Outflow is influenced by a number of factors,ⁱ and these factors will change over time. For those regulated health providers late in their career, failing to renew their registration may be a signal that they have retired. For health providers early in their career, reasons for failing to renew registration could include an employment opportunity in another jurisdiction or country, leaving the profession, parental leave and family responsibilities, or a return to school for additional education.

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.

Urban and ruralⁱⁱ

A postal code analysis is performed to determine whether a health professional was practising in a rural or urban setting. In most cases, the postal code used was that of the workplace; however, when the data element Postal Code (Primary Worksite) was not submitted to CIHI, Postal Code of Residence was used. If the postal code was unknown or invalid, it was defaulted as *not stated*.

Using Statistics Canada's Postal Code Conversion File (PCCF), postal codes were assigned to statistical area classifications (SACs) — urban, rural, remote and territories. Urban areas are defined (in part) by Statistics Canada as communities with populations greater than 10,000 people; rural/remote is equated with communities outside the urban boundaries and is referred to as rural and small town (RST) by Statistics Canada.

RST communities are further subdivided by identifying the degree to which they are influenced in terms of social and economic integration with larger urban centres. Metropolitan influenced zone (MIZ) categories disaggregate the RST population into 4 subgroups: strong MIZ, moderate MIZ, weak MIZ and no MIZ.

All categories may be interpreted in the following simple manner:

- Urban: Greater than 10,000 people (SAC type = 1, 2, 3)
- Rural: Strong/moderate MIZ and located relatively close to larger urban centres (SAC type = 4, 5)
- Remote: Weak/no MIZ and distant from large urban centres (SAC type = 6, 7, 8)

The urban and rural analysis for the Northwest Territories and Nunavut was completed differently from the analysis for the provinces and Yukon. Urban areas were identified as postal codes within Yellowknife and Iqaluit, respectively, that would otherwise be labelled rural. Rural areas were identified as postal codes outside of Yellowknife and Iqaluit.

ii. Details of the urban/rural classification schemes can be found in McNiven et al.,² du Plessis et al.³ and CIHI.⁴

Historical changes and data limitations

Historical changes to data 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.

In the past, the companion data tables focused primarily on workforce counts. The 2015 data tables have shifted to a balanced reporting method, where demographic and education data elements are reported for the health workforce supply and employment data elements are reported for the workforce.

Please note that there has been variation in the missing values of certain data elements from 2006 to 2015 among many jurisdictions and across each profession. Caution should therefore be used when comparing data within this time period. In 2015, missing values were excluded from the percentage calculations in the data tables.

The section below provides information on the data elements that had data quality improvements or changes in data years 2006 to 2015 that may or may not have an effect on comparability.

Medical laboratory technologist data, 2008 to 2015

Newfoundland and Labrador: Regulation changes

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 2012 to 2015, aggregate data was provided by the Newfoundland and Labrador Council of Health Professionals on behalf of the Newfoundland and Labrador College of Medical Laboratory Sciences. Data is available for MLTs working with human subjects only. The data cut-off date is December 31, which is different from the standard cut-off date of August 1. The data may also include medical laboratory health care providers other than MLTs, which may cause over-coverage.

Quebec: Area of Practice

MLTs in Quebec who perform clinical chemistry, a part of medical biology, did not have to register with the Ordre professionnel des technologistes médicaux du Québec, which provides data to CIHI.

Ontario: Mapping data to CIHI's standard

For 2014, CIHI mapped the data elements and values submitted by the College of Medical Laboratory Technologists of Ontario in order 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.

Ontario: Postal Code of Employment

For 2015, Postal Code of Employment was not available.

Manitoba: Various employment data elements

In 2009 and 2010, the level of *not stated* values for some employment data elements was consistently between 29% and 32%. These data elements include Place of Employment for Primary Employment, Position for Primary Employment and Areas of Practice for Primary Employment. To avoid discounting the entire pool of employment data because of the high levels of *not stated* values, most of the members who provided *not stated* values are excluded from the statistics for these data elements. This allows CIHI to still report the majority of the members from the province. Consequently, the total for these data elements does not match the total workforce (or the total for the demographic, education and certification data elements).

Saskatchewan: Employment Status

For 2009 to 2011 and 2014, employment information for more than 60% of registrants was not available. Through consultation with the Saskatchewan Society of Medical Laboratory Technologists, a decision was made to reclassify the missing Employment Status data to *employed in medical laboratory technology* for the registrants whose demographic data was available.

Alberta: Employment Status

In 2008 and 2009, of the registrants with *unknown* Employment Status, more than 80% provided known values for most other data elements. As such, the Employment Status for these records was converted to the value *employed in medical laboratory technology*. 4 primary employment data elements were used as a screening tool for inclusion; if values for these data elements were provided, the registrant was counted as part of the workforce. These 4 data elements were Province of Employment, Full-Time/Part-Time Status, Place of Employment and Multiple Employment Sites. The remaining registrants, who did not provide information for Employment Status as well as for the 4 above-mentioned employment data elements, were excluded. This type of adjustment is based on the assumption that most individuals are employed in the profession of medical laboratory technology. Although this adjustment may cause over-coverage, the bias will be smaller than leaving them out of the workforce altogether.

In 2010, 60 registrants had missing values for most employment-related elements: Employment Category, Full-Time/Part-Time Status, Province of Employment, Country of Employment, Place of Employment, Clinical Education/Preceptor Indicator and Major Function for Primary Employment. To report more data elements for Alberta, these 60 registrants were excluded from the employment-related data tables.

Jurisdictions where MLTs are unregulated

For 2009 to 2011, registrations for Prince Edward Island, British Columbia, Yukon, the Northwest Territories and Nunavut capture only those MLTs who voluntarily registered with the CSMLS.

Medical radiation technologist data, 2008 to 2015

Jurisdictions with multiple data sources: Newfoundland and Labrador and Nova Scotia

Registrations with both the provincial association and the Canadian Association of Medical Radiation Technologists (CAMRT) are mandatory for MRTs in Newfoundland and Labrador and Nova Scotia. For Newfoundland and Labrador, data for 2008 to 2011 was provided by the provincial association at the record level, and data for 2012 to 2015 was provided by the CAMRT at the aggregate level. For Nova Scotia, data for 2008 to 2010 was provided by the provincial association at the record level, and data for 2011 to 2015 was provided by the CAMRT at the aggregate level. Caution should be used when examining the data over time for these jurisdictions.

Territories: MRT certification

Data from the territories was excluded from analysis as the CAMRT combines out-of-country candidates with those from the territories.

Nova Scotia: Employment Status

In 2009, MRTs with an Employment Status value of *unknown* were reclassified as *employed in medical radiation technology* so that they could correctly be included in the MRT workforce counts.

New Brunswick: Area of Practice

In 2008, New Brunswick was unable to collect all areas of practice defined in the *Medical Radiation Technologist Database Data Dictionary*. The areas of practice that were collected by the province pass the data quality standard and have therefore been published. Please note that the comparability of the data element Area of Practice may be limited for New Brunswick versus other jurisdictions; therefore, results should be interpreted with caution.

Quebec: Employment Status

From 2008 to 2015, Quebec members who worked as MRT clinical instructors and chiefs of staff were incorrectly reported to be employed outside of medical radiation technology. The Employment Status value for these registrants was reclassified to *employed in medical radiation technology* and they are included in the MRT workforce counts.

Quebec: Area of Practice

In 2012, coding changes were implemented for the 2011 and 2012 data years for Main Area of Practice and Individual Areas of Practice for primary employment. This change affects the number of practising areas; therefore, caution should be used when comparing 2010 data with 2011 and 2012 data.

Jurisdictions where MRTs are unregulated

From 2008 to 2015, data for British Columbia, Yukon, the Northwest Territories and Nunavut reflects only MRTs who voluntarily registered with the CAMRT.

Occupational therapist data, 2006 to 2015

New Brunswick: Employment Category

From 2006 to 2015, self-employment data for Employment Category was not provided by the New Brunswick Association of Occupational Therapists.

Quebec: Data availability

Quebec data is unavailable prior to 2010, as the Ordre des ergothérapeutes du Québec began submitting data that year. 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 (Employment Category, Area of Practice and Postal Code of Employment).

Manitoba: Year of Birth and Sex

From 2006 to 2015, the College of Occupational Therapists of Manitoba (COTM) provided record-level information for Sex and Year of Birth for only those registrants who 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. To better reflect the workforce, CIHI has used the aggregate totals for Age Group and Sex provided by Manitoba Health.

Alberta: Employment Category

From 2006 to 2008, the Alberta College of Occupational Therapists did not provide information for the value *temporary employee* for the data element Employment Category. For these years, *temporary employee* and *casual employee* were grouped together.

Yukon, Northwest Territories and Nunavut: Supply

The Canadian Association of Occupational Therapists (CAOT) submits voluntary registrations for OTs residing and working in Yukon, the Northwest Territories and Nunavut. These counts may exclude temporary relief workers who may not have registered with CAOT.

Common issue: Employed and on leave

As of 2015, all jurisdictions collect the value *employed, on leave* with the exception of Quebec.

Pharmacist data, 2006 to 2015

Jurisdictions where supply data is unavailable

When supply data was not available from the jurisdiction, data was acquired from the National Association of Pharmacy Regulatory Authorities: Newfoundland and Labrador and New Brunswick (2006 and 2014), Quebec and Nunavut (2006 to 2015), Manitoba (2006 to 2008) and Yukon (2008 and 2014).

Data availability

For Newfoundland and Labrador and New Brunswick, data was not available for 2006 and 2014. For 2007, the Newfoundland and Labrador Pharmacy Board did not have Employment Status information and therefore assumed that all submitted active registrants were employed in the profession. For 2007 and 2008, the New Brunswick Pharmaceutical Society (as of 2014, the New Brunswick College of Pharmacists) did not submit Employment Status information and therefore assumed that all submitted active registrants were employed in the profession.

Data availability: Year of Graduation

Data for Year of Graduation was not available for Newfoundland and Labrador, Nova Scotia, New Brunswick and Manitoba. As such, the derived variable Years Since Graduation could not be calculated.

New Brunswick: Location of Graduation

For all reporting years, the New Brunswick Pharmaceutical Society was not able to differentiate Location of Graduation (Canada and international) for pharmacists.

Ontario: Employment Category for primary employment

From 2006 to 2009 and 2011 to 2014, the Ontario College of Pharmacists was unable to accurately identify employment categories and all pharmacists were coded as active permanent employees. In 2010 and 2015, reporting on employment categories (temporary employee, casual employee and self-employed) was submitted.

Manitoba: Supply

Data was not available from 2006 to 2008.

Manitoba: Year of Birth and Sex

The College of Pharmacists of Manitoba does not provide record-level data for Year of Birth and Sex; however, aggregate data is provided by Manitoba Health.

Territories: Data availability

Yukon data was not available for 2008 and 2014.

Physiotherapist data, 2007 to 2015

Data availability

Prince Edward Island record-level data was not available for 2014.

For 2007 to 2009, the Nova Scotia College of Physiotherapists was not able to provide record-level data for Nova Scotia.

Prince Edward Island: Area of Practice, Sector of Employment and Full-Time/Part-Time

The Prince Edward Island College of Physiotherapists did not provide data for the following data elements:

- Area of Practice from 2007 to 2012, 2014 and 2015
- Sector of Employment from 2007 to 2012, 2014 and 2015
- Full-Time/Part-Time from 2007 to 2012 and 2014

Quebec: Area of Practice and Sector of Employment

The Ordre professionnel de la physiothérapie du Québec was not able to provide data for the following data elements:

- Area of Practice from 2012 to 2015
- Sector of Employment from 2012 to 2015

Quebec: Physical rehabilitation therapists

The Ordre professionnel de la physiothérapie du Québec had 2,522 active physical rehabilitation therapists registered in 2015.

Ontario: Employment Category

In 2011, the College of Physiotherapists of Ontario changed how it collects employment data, which may result in a break in comparability.

Manitoba: Year of Birth and Sex

The College of Physiotherapists of Manitoba does not provide record-level data for Year of Birth and Sex; however, aggregate data was provided by Manitoba Health.

Yukon: Data availability

Data was not available for the 2008 reporting year.

Appendix: List of data providers

Professional group	Jurisdiction	Data provider
Medical laboratory technologists	Newfoundland and Labrador	Canadian Society for Medical Laboratory Science (for 2008 to 2011) Newfoundland and Labrador Council of Health Professionals (aggregate data for 2012 to 2015)
	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	College of Medical Laboratory Technologists of Alberta
	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	

Professional group	Jurisdiction	Data provider
Medical radiation technologists	Newfoundland and Labrador	Newfoundland and Labrador Association of Medical Radiation Technologists (for 2008 to 2011) Canadian Association of Medical Radiation Technologists (aggregate data for 2012 to 2015)
	Prince Edward Island	Prince Edward Island Association of Medical Radiation Technologists
	Nova Scotia	Nova Scotia Association of Medical Radiation Technologists (for 2008 to 2010) Canadian Association of Medical Radiation Technologists (aggregate data for 2011 to 2015)
	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

Professional group	Jurisdiction	Data provider
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	College of Pharmacists of Manitoba
	Saskatchewan	Saskatchewan College of Pharmacy Professionals
	Alberta	Alberta College of Pharmacists
	British Columbia	College of Pharmacists of British Columbia
	Yukon	Government of Yukon
	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

Professional group	Jurisdiction	Data provider
Occupational therapists (cont'd)	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 de la physiothérapie du Québec
	Ontario	College of Physiotherapists of Ontario
	Manitoba	College of Physiotherapists of Manitoba
	Saskatchewan	Saskatchewan College of Physical Therapists
	Alberta	Physiotherapy Alberta — College + Association
	British Columbia	College of Physical Therapists of British Columbia
	Yukon	Government of Yukon

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