Canada's Health Care Providers

2005 Chartbook

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Legend

- 9 page in original report
- supplemental graph
- supplemental table
- FF Appendix: Fast Facts in original report

Contents

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Highlights

Who's Who in Health Care?

- 1.1 million people across the country worked in health care in 2001. That's about 1 in 10 employed Canadians.
- Canadians use different types of health services and can access many different health care providers. According to the 2003 Canadian Community Health Survey, 82% of females and 71% of males consulted a family physician during the past year. Dentists, specialists, chiropractors, massage therapists, homeopathic/naturopathic therapists, and acupuncturists were also all reported to have been consulted by women more frequently than by men.
- In 2003, registered nurses (RNs), licensed practical nurses (LPNs), and registered psychiatric nurses (RPNs) accounted for just under one-half of all health care workers in Canada.
- CIHI counted 70,000 physicians in Canada in 2003, which is approximately 220 per 100,000 Canadians.

Becoming a Health Care Provider

- Canada's universities and community colleges offer a wide range of health care training programs. There are now over 150 different health programs being offered across the country.
- In 1961–1962, 1006 students entered medical school in Canada; in 2003–2004, this number had increased to 2096. The increasing numbers in recent years follow a dip in the mid-1990s.
- According to the Canadian Resident Matching Service, more family medicine places have been offered recently, but fewer medical students are selecting family medicine as their first choice; in 2004, 533 family medicine positions were offered, and 338 applicants had family medicine as their first choice for placement.
- First-year enrolment for men and women in Canadian medical schools has changed over the years. Until the early 1990s, more men than women enrolled each year. In 1993–1994, women outnumbered men for the first time. In 2003–2004, 1240 female students and 856 male students enrolled in medical school.

Planning for the Future: The Supply of Health Care Providers

- Ensuring the right numbers of health care providers with the right mix of skills and training are available where and when needed is a complex task and depends on many factors, such as trends in demographics, health status, technology, practice patterns, and the organization and delivery of health services.
- Actual and inflation-adjusted health care spending per person has increased since 1997.
- The average age of workers in most health occupations is increasing. Overall, it rose from 39.2 years in 1994 to 40.8 years in 2000, and to 41.6 in 2003.
- Each year, some physicians—about 1% of the total supply in recent years—leave Canada, while others return. Over at least the past three decades, this movement has ebbed and flowed.

- Between 2000 and 2003, the highest average numbers of physicians who entered Canada were from South Africa (114) and Asia/India (98).
- Longer postgraduate training alone accounted for about one-quarter of the decline in net physician inflow into the practice pool between 1994 and 2000.
- Assuming a retirement age of 65, Canada can expect to lose 29,746 RNs aged 50 or older by 2006. That's 13% of the 2001 nursing workforce.
- The percentage of the RN workforce who graduated in foreign countries ranges from a low of 1.2% in New Brunswick to a high of 15.0% in British Columbia.

Teamwork in Health Care

- The skills and roles of health professionals vary across the country and often overlap. They also change over time. For instance, many different health care providers sometimes help mothers and their babies with childbirth.
- The percentage of publicly funded hospital births attended by midwives has changed over time; from 2000–2001 to 2001–2002, the rate in Ontario increased from 2.4% to 3.9%; in B.C., it increased from 1.5% to 5.1%; and in Manitoba, from 0.9% to 2.0%.

Working in Health Care

- Average annual unemployment rates for Canadians in health occupations have been consistently lower than those for the labour force as a whole.
- About one in five Canadians in health occupations reported working some paid or unpaid overtime each week in 2004.
- The range of services that family doctors provide varies greatly. Some services, such as mental health counselling, are becoming more common; but fewer family doctors are now involved in areas such as hospital inpatient care, surgical assistance, and births.
- The share of spending on physician services that flowed through alternative payment plans increased in all provinces between 1995–1996 and 2001–2002.
- Between 1997 and 2001, average weekly wages for full-time workers in the health sector increased by just under 9%, compared to 10% for workers in all parts of the economy.
- The maximum salary for RNs across Canada ranges from $50,730 in Quebec to $66,381 in Alberta, according to 2005 data from the Canadian Federation of Nurses Unions.
- According to Statistics Canada's Workplace and Employee Survey, 43% of individuals working in ambulatory health care services reported being very satisfied with their job. That compares with 25% for hospital employees and 31% for those in nursing and residential care facilities.

The Health of Health Care Workers

- Since 1987, the average number of days of work that Canadians in health occupations lost due to illness or disability has been at least 1.5 times greater than the average for all workers.
- In 2004, full-time workers in health occupations across Canada missed 12.8 days of work due to illness or disability. Provincial rates varied from a low of 8.4 days in Alberta to a high of 16.5 days in Quebec.

Preface

The Canadian Institute for Health Information (CIHI) is one of Canada's leading sources of quality, reliable and timely health information. More and more, Canadians are turning to CIHI for information they can trust. CIHI is a not-for-profit, pan-Canadian organization governed by a strong and active 16-member board of directors whose membership strikes a balance among the health sectors and regions of Canada.

The key to CIHI's achievements is partnership. CIHI is a focal point for collaboration among major health players—from provincial governments, regional health authorities and hospitals to the federal government, researchers and associations representing health care professionals. The result of this cooperative effort is a strong and responsive health information system.

CIHI provides Canadians with essential statistics and analysis about their health and their health care system. CIHI has become an indispensable source of information for those seeking answers to critical questions around the delivery of health care. Is the health system training enough health care professionals and is it making optimal use of their skills? Are Canadians getting reasonable access to the health services they need? Are we investing in the right resources and equipment?

For more information, visit our Web site (at www.cihi.ca).

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Introduction

People—those who seek services and those who provide them—are at the centre of our health system. Our health care providers and administrators are trained to promote good health, to care for and comfort the sick, and to work to improve the delivery of health care.

In 2001, CIHI published an in-depth special report on Canada's health care providers. It serves as a consolidated reference about what we know and don't know about regulated, unregulated, and informal members of the health care team. To address issues such as the supply, distribution, education, regulation, scopes of practice, work life, and health of these individuals, the report drew on various sources of data and research produced at the local, regional, provincial, national, and international level.

These issues continue to be at the top of the health policy agenda. To support and stimulate ongoing policy dialogue and development across the country, this publication updates many of the graphs, figures, and tables in the original report. We have also included a sample of related additional material drawn from CIHI reports released since *Canada's Health Care Providers* was published in 2001.

The original report contains rich information that provides context to the updated graphs and tables in this publication, as well as additional data, research, and analysis. English and French copies of this publication and the original *Canada's Health Care Providers* report can be downloaded free of charge from CIHI's Web site (at www.cihi.ca).

Throughout this document, four icons indicate the relationship of graphs, charts and figures to the original report:

- 9 indicates the page on which an item appeared in the original report;
- indicates a supplemental graph;
- indicates a supplemental chart; and
- FF indicates an item that appeared in the Appendix: Fast Facts.

Other Health Human Resource Publications by CIHI

CIHI produces a number of publications related to health human resources to support policy, management, and research. This list highlights some of the most recent publications:

- *Supply, Distribution and Migration of Canadian Physicians, 2003*
- *Workforce Trends of Registered Nurses in Canada, 2003*
- *Workforce Trends of Licensed Practical Nurses in Canada, 2003*
- *Workforce Trends of Registered Psychiatric Nurses in Canada, 2003*
- *Health Personnel Trends in Canada 1993–2002*
- *Bringing the Future Into Focus: Projecting RN Retirement in Canada* (2003)
- *Average Payment per Physician (APP) Report, Canada, 2002–2003*
- *Alternative Payment and the National Physician Database (NPDB), 2002–2003*
- *From Perceived Surplus to Perceived Shortage: What Happened to Canada's Physician Workforce in the 1990s?*
- *The Evolving Role of Canada's Family Physicians, 1992–2001*

Further information about CIHI products and publications can be found by searching for "CIHI Catalogue" on our Web site (at www.cihi.ca).

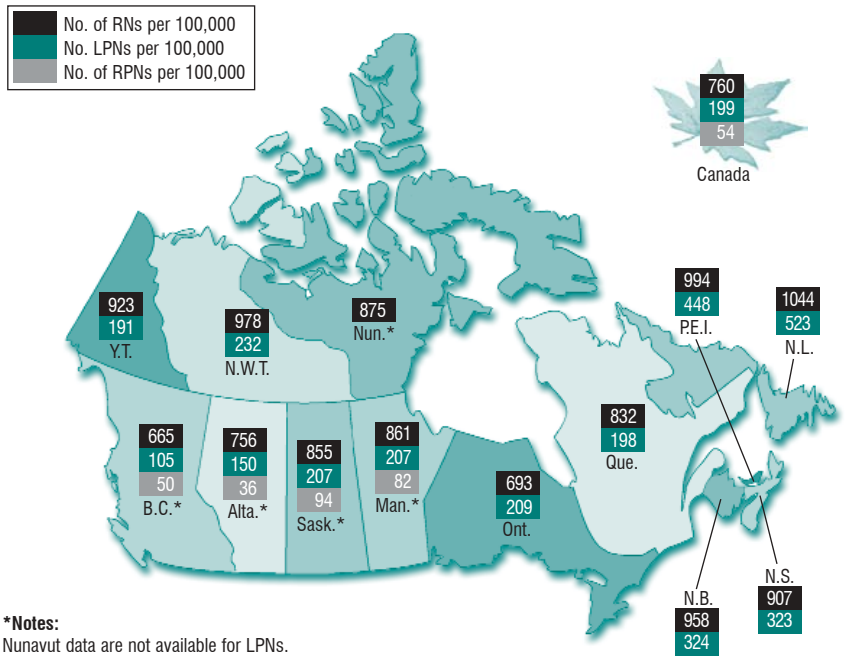
Chapter 1

Who's Who in Health Care

Who's Who in Health Care

Nurses Across the Country [9]

In 2003, there were 760.1 registered nurses (RNs) per 100,000 Canadians and 198.8 licensed practical nurses (LPNs) per 100,000 Canadians. In the four western provinces where registered psychiatric nurses (RPNs) are licensed to work, there were 53.8 RPNs per 100,000 population. Nurse-to-population ratios varied across the country, as the map below shows.

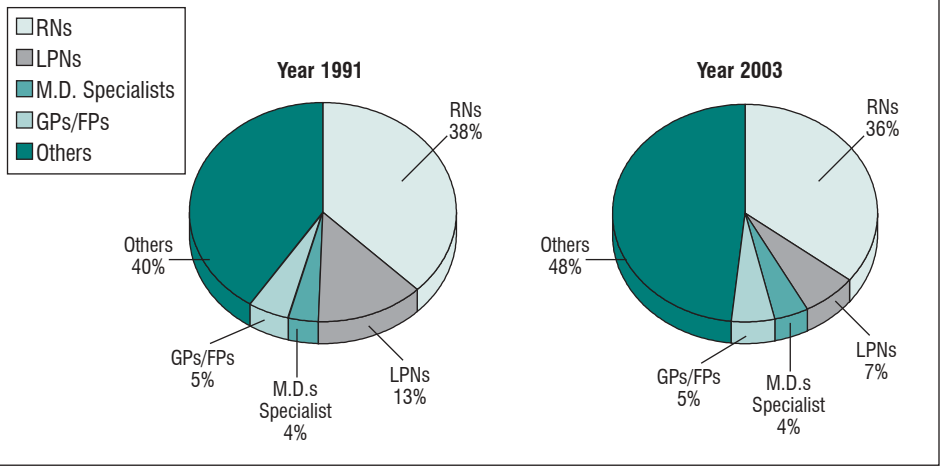


***Notes:**
Nunavut data are not available for LPNs.
RPNs are registered and educated only within the four western provinces (Manitoba, Saskatchewan, Alberta, and British Columbia). The RPN ratio for Canada is based on the population of these four provinces only.
Population data from *Quarterly Demographic Statistics*, Statistics Canada, catalogue no.91-002-XIB, Volume 17, no. 4, October–December, 2003.
Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing, and reporting methodologies.

Source: Regulated Nursing Databases, CIHI.

The Changing Distribution of Health Personnel in Canada [ ]

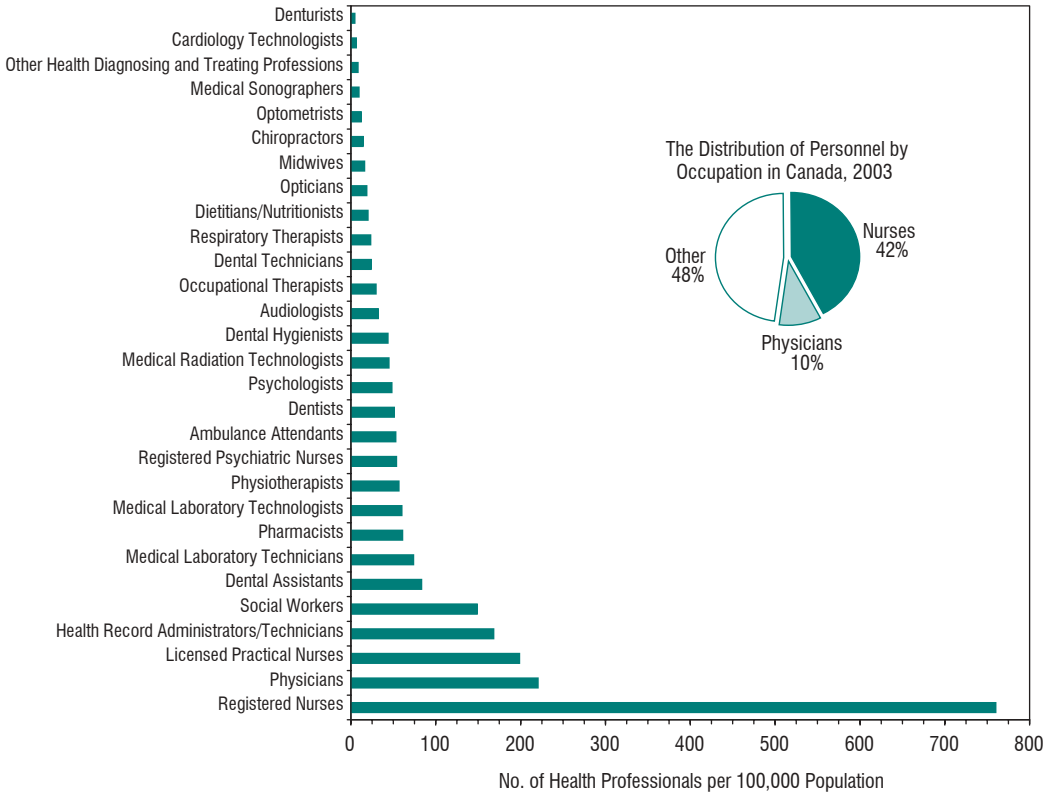
Between 1991 and 2003 the share of licensed practical nurses (LPNs) and registered nurses (RNs) decreased, while the share of other health professionals increased.



Source: Labour Force Survey, Statistics Canada.

Sharing Health Care Professionals [10]

Together, registered nurses (RNs), licensed practical nurses (LPNs), and registered psychiatric nurses (RPNs) account for just under one-half of all health care workers. The rest come from a wide variety of occupations. The chart below shows the number of health professionals per 100,000 Canadians in 2003 for selected professions.

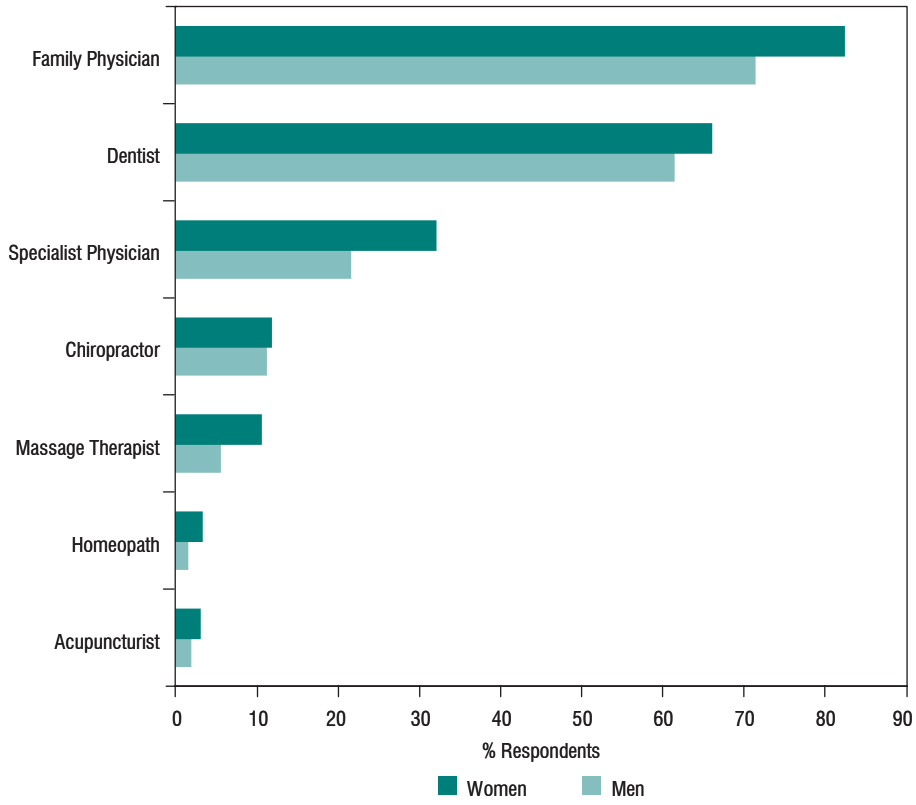


Notes:
RPNs are registered and educated only within the four western provinces (Manitoba, Saskatchewan, Alberta, and British Columbia). The RPN ratio for this graph is based on the population of these four provinces only.

Source: Nursing data: Regulated Nursing Databases, CIHI; Other groups: Labour Force Survey, Statistics Canada.

Seeking Care [📖 11]

Most Canadians aged 12 and older said that they had consulted a general practitioner (80%) or dentist (64%) at least once in the year prior to the 2003 Canadian Community Health Survey. The graph below shows the proportion who reported having consulted selected types of health care providers, including complementary and alternative practitioners.



Source: Canadian Community Health Survey Cycle 2.1 (2003), Statistics Canada.

Chapter 2

Becoming a Health Care Provider

Becoming a Health Care Provider

The Next Generation [📖 17]

Some health care educational programs are available across the country. Others are offered only in a few locations. For example, one province may host a training program on behalf of a number of jurisdictions, perhaps because there are not enough students to justify several separate programs. The chart below shows the number of graduates in 1993 and 2002 of selected health care professions which were regulated in all 10 provinces in May 2003, and which provinces/territories provided basic training programs as of the 2001–2002 school year.

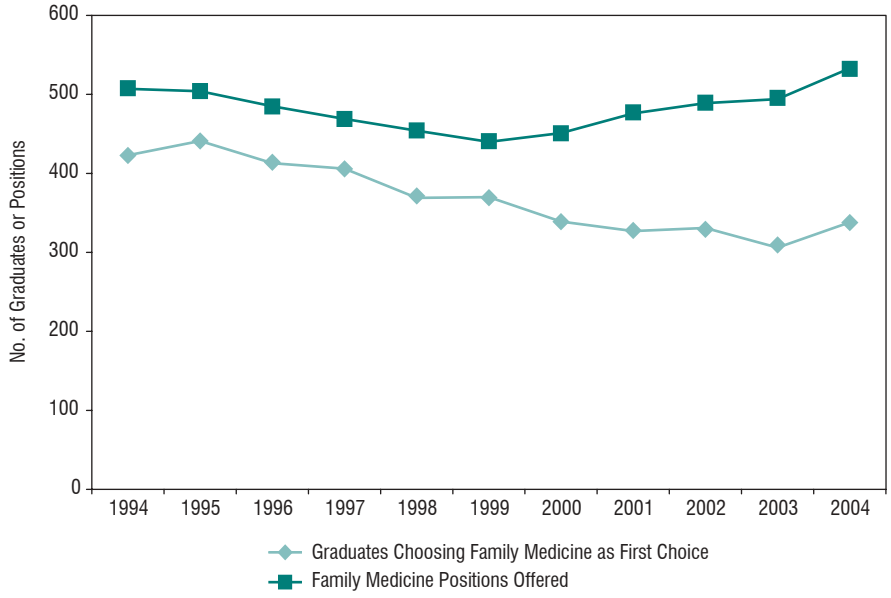
	No. of Grads (1993)	No. of Grads (2002)	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Nun.	Y.T.	N.W.T.
Chiropractors[1]	138	196					✓	✓							
Dental Hygienists[2]	542	761			✓		✓	✓	✓	✓	✓	✓			
Dentists	501	530			✓		✓	✓	✓	✓	✓	✓			
Occupational Therapists	495	500			✓		✓	✓	✓		✓	✓			
Optometrists	113	103					✓	✓							
Pharmacists	771	658	✓		✓		✓	✓	✓	✓	✓	✓			
Physiotherapists	567	644			✓		✓	✓	✓	✓	✓	✓			
Physicians	1,702	1,543	✓		✓		✓	✓	✓	✓	✓	✓			

Notes:
1 The first graduating class from the Université du Québec à Trois-Rivières program was in 1998.
2 True values may be higher as not all schools are currently reporting.
No updates available for registered nurses or licensed practical nurses.

Source: Health Personnel Database, CIHI.

Choosing Family Medicine [📖 19]

Each year, graduating medical students choose specialties. According to the Canadian Resident Matching Service, more family medicine places have been offered recently, but fewer medical students have selected family medicine as their first choice.



Source: *Residency Match Report 2004*, Canadian Resident Matching Service.

Preferences of Medical Graduates [20]

Each year, a pan-Canadian service matches medical school graduates to available residency positions. The table below shows the number of applicants who listed a given specialty as their first choice in 2004, and the number of available positions for selected residency programs. Note: The difference between the number of applicants and the number of available positions may be smaller after the second phase of the matching process.

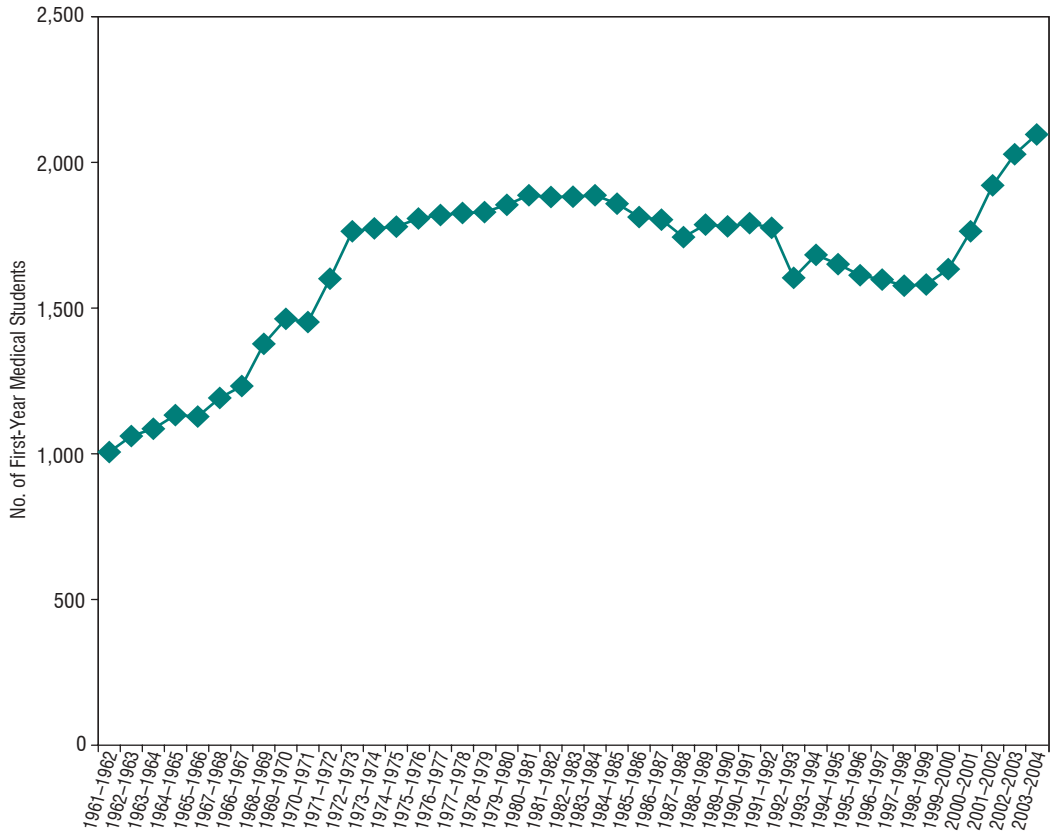
	No. of 1st Choice Applicants	Quota Offered
Anesthesia	70	70
Anatomic Pathology	4	11
Cardiac Surgery	15	7
Community Medicine	6	10
Dermatology	17	6
Diagnostic Radiology	66	48
Emergency Medicine	31	26
Family Medicine*	338	533
Integrated Family and Community Medicine	2	1
General Pathology	0	3
General Surgery	65	70
Internal Medicine	188	196
Laboratory Medicine	20	20
Medical Genetics	2	5
Neurology	19	18
Pediatric Neurology	5	3
Neuropathology	0	1
Neurosurgery	16	15
Nuclear Medicine	3	4
Obstetrics/Gynecology	54	55
Occupational Medicine	1	2
Ophthalmology	33	17
Orthopedic Surgery	38	41
Otolaryngology	23	16
Pediatrics	90	77
Physical Medicine and Rehabilitation	10	13
Plastic Surgery	35	11
Psychiatry	80	87
Radiation Oncology	27	21
Urology	27	17
Total	**1,285**	**1,404**

*Includes 10 military-sponsored and rural family medicine positions.

Source: *Residency Match Report 2004*, Canadian Resident Matching Service.

Students Entering Medical School, 1961–2004 [ ]

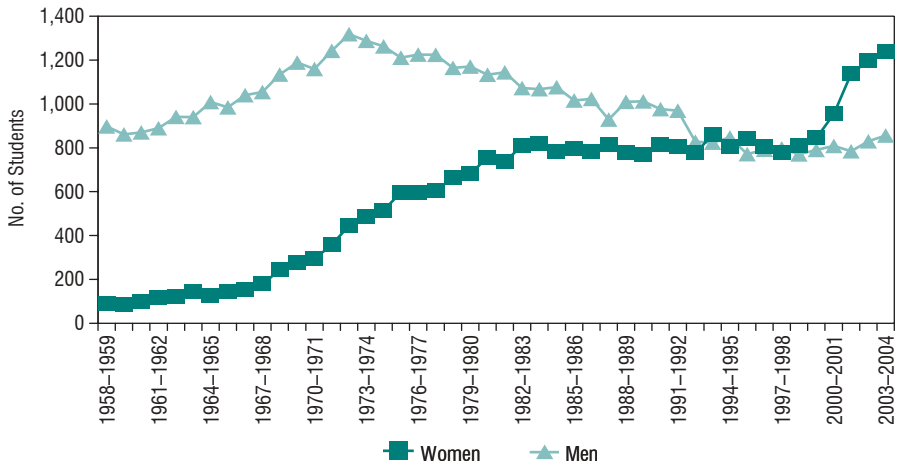
Just over 1,000 students entered medical school in 1961–1962. Numbers are higher now, but there have been fluctuations in numbers over time.



Source: *Canadian Medical Education Statistics 2004*, Association of Faculties of Medicine of Canada.

Gender Differences in Medical School Enrolment [21]

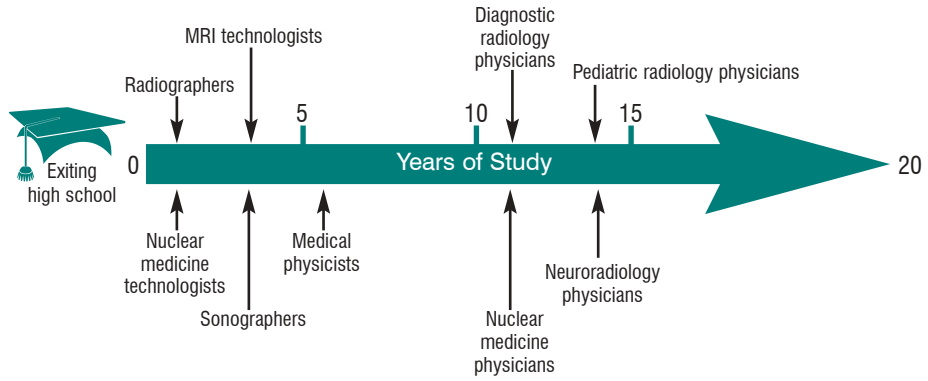
First-year enrolment for men and women in Canadian medical schools has changed over the years. Until the early 1990s, more men than women enrolled each year. In 1993–1994, women outnumbered men in enrolment for the first time.



Source: *Canadian Medical Education Statistics 2004*, Association of Faculties of Medicine of Canada.

Typical Duration of Training After High School Graduation for Entry Into Selected Medical Imaging Professions, Canada, 2003 [ ]

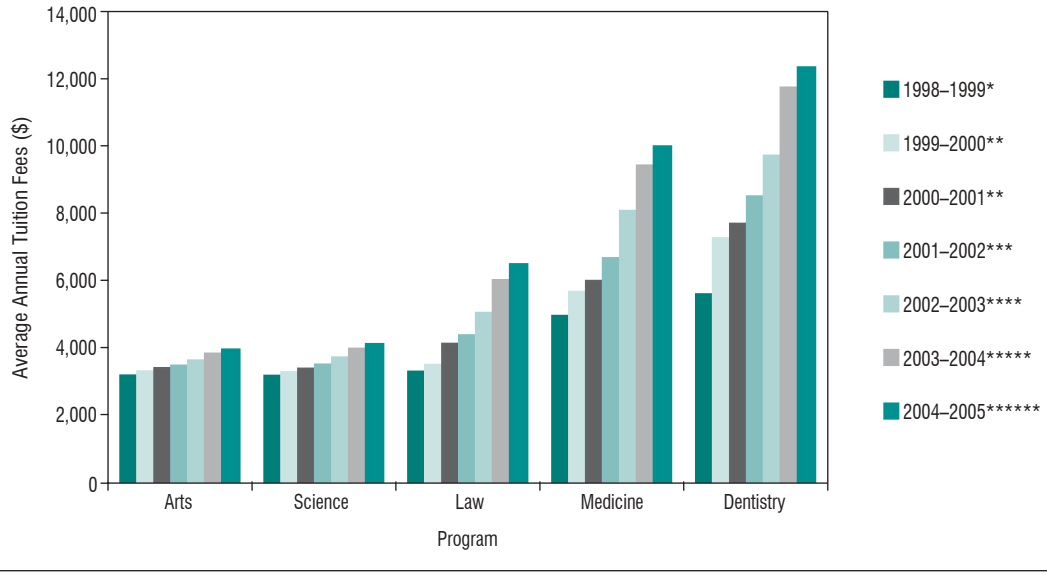
The minimum typical duration of training after high school graduation for entry into selected medical imaging professions, Canada, 2003.



Sources: *Certification Candidates Handbook*, Canadian Association of Medical Radiation Technologists, 2003; Royal College of Physicians and Surgeons, www.rcpsc.medical.org.; Canadian Organization of Medical Physicists and Canadian College of Physicists in Medicine, www.medphys.ca.; Canadian Society of Diagnostic Medical Sonographers; *Health Personnel Trends in Canada, 1993-2002*, CIHI Publication, 2004; *National Occupational Classification (NOC) 2001*, Human Resources and Skills Development Canada (HRSDC), Government of Canada.

The Cost of Health Education [21]

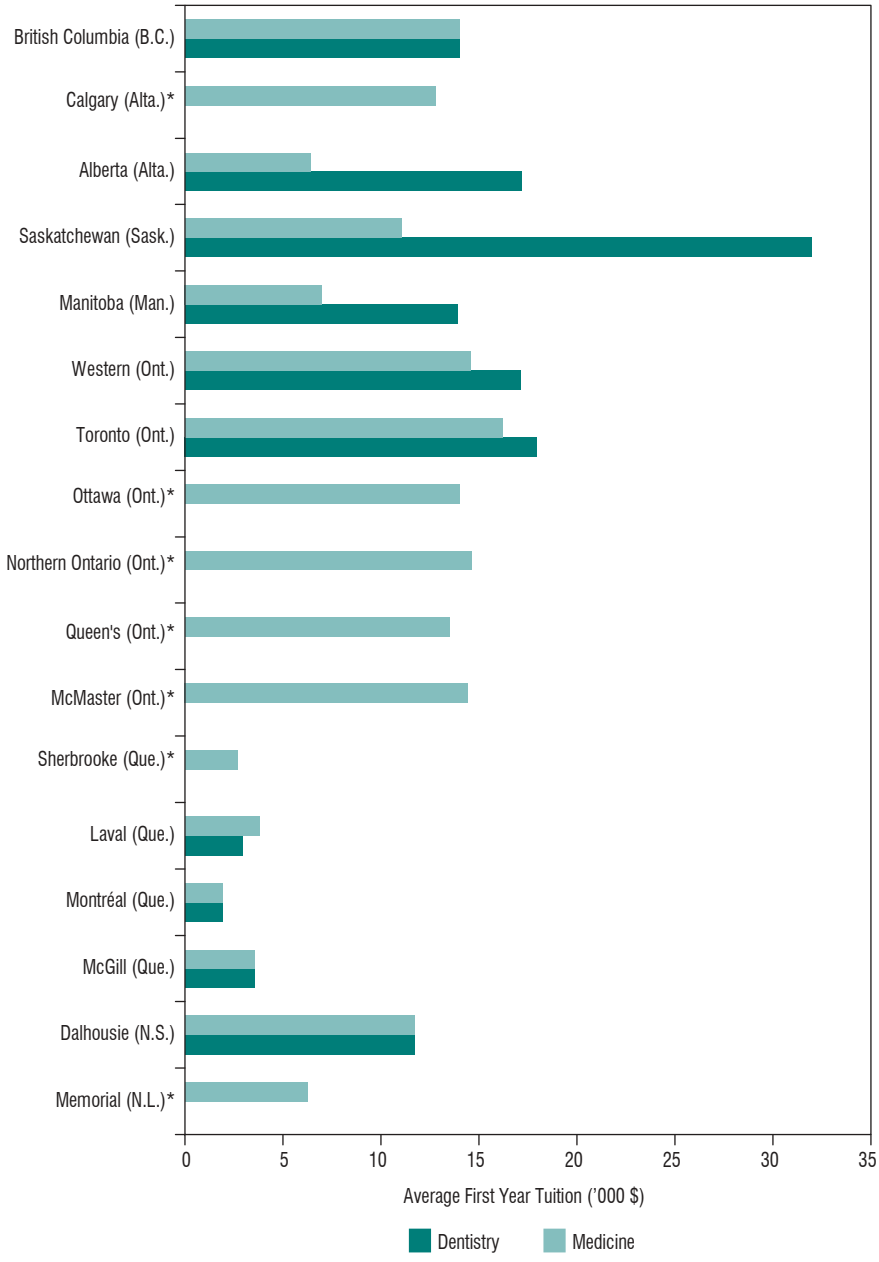
Average tuition fees are rising at Canada's universities. Medical and dental programs have higher average undergraduate tuition than other types of programs—and they have seen steeper increases since 1998–1999. The chart below shows average undergraduate tuition fees per year by program type using the most current enrolment data available. Averages are weighted by the number of students enrolled at each university per program.



Sources:
*Statistics Canada. (1999 August 25). University Tuition Fees. *The Daily*.
** Statistics Canada. (2000 August 28). University Tuition Fees. *The Daily*.
*** Statistics Canada. (2001 August 27). University Tuition Fees. *The Daily*.
**** Statistics Canada. (2002 September 9). University Tuition Fees—data revision. *The Daily*.
***** Statistics Canada. (2003 August 12). University Tuition Fees. *The Daily*.
****** Statistics Canada. (2004 September 2). University Tuition Fees. *The Daily*.

How Fees Compare [22]

Average 2004–2005 tuition fees for Canadian residents entering their first year of dentistry or medicine differ considerably across the country, as shown below. Students may also be required to pay additional non-tuition fees. These fees vary from program to program.



Notes:
*These universities do not offer dentistry programs.
1. Fees quoted for Quebec universities are for Quebec residents only.
2. Calgary and Montréal fees were calculated based on two sessions per year.
3. Fees for Northern Ontario School of Medicine are projected for 2005–2006.
4. Laval (QC) medical and dental school fees are estimated based on per-credit fees for 2004–2005 and the assumption of 55 and 42 credits, respectively, in the first year.
5. Sherbrooke (QC) is estimated on per-credit fees and the assumption of 48 credits in the first year.

Source: Compiled by CIHI based on tuition information on university Web sites.

Who Is Regulated Where? [23]

More than 30 health professions are currently regulated in at least one province/territory. The table below summarizes the status of regulation as of May 2003.

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Acupuncturists					Y				Y^{NSR}	Y			
Chiropodists/Podiatrists				Y	Y	Y	Y^{P}	Y	Y	Y			
Chiropractors	Y	X^{3}	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Dentists	Y	Y	Y	Y^{DA}	Y	Y	Y	Y	Y	Y	Y	Y	Y
Dental Assistants	Y^{DA}	Y^{DA}	Y^{DA}	Y^{DA}			Y^{DA}	Y	Y	Y			
Dental Hygienists	Y^{DA}	Y^{DA}	Y^{DA}	Y	Y	Y	Y^{DA}	Y	Y	Y	Y	Y	Y
Dental Technicians/Technologists	Y^{DA}	Y^{DA}	Y	Y	Y	Y		Y	Y	Y			
Dental Therapists	Y^{DA}						Y^{DA}	Y			Y	Y	Y
Denturists	Y	X^{3}	$Y^{1, 2}$	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Dietitians and Nutritionists	Y	Y^{D}	Y	Y	Y	Y^{D}	Y	Y	Y	Y			
Emergency Medical Technicians/ Health Emergency Assistants/Paramedics		Y				Y^{NSR}	Y^{NSR}	Y^{NSR}	Y	Y^{NSR}			
Hearing Aid Practitioners/Acousticians	Y		$Y^{NSR/NH}$		Y		Y^{NH}	Y^{2}	Y	Y			
Laboratory and X-Ray Technologists (Combined)	$Y^{NSR/NH}$	Y							Y				
Licensed Practical Nurses/ Registered Practical Nurses	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Massage Therapists	Y^{1}					Y				Y			
Medical Laboratory Technologists			Y^{2}	Y	Y	Y	Y^{2}	Y	Y				
Medical Practitioners/Physicians	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Medical Radiation Technologists	$Y^{NSR/NH}$	Y	Y	Y	Y	Y		Y	Y^{NPF}				
Midwives	X^{1}				Y	Y	Y	Y^{2}	Y^{NSR}	Y			
Naturopathic Physicians						Y	Y	Y	Y^{2}	Y			
Occupational Therapists	Y	Y^{1}	Y	Y	Y	Y	Y	Y	Y	Y			
Ophthalmic Dispensers/Opticians	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			
Optometrists	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Osteopathic Physicians				Y^{MA}		Y^{DPA}	X^{2}	Y	Y^{MA}	Y			
Pharmacists	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Physical Therapists/Physiotherapists	Y	Y^{1}	Y	Y	Y	Y	Y	Y	Y	Y	Y^{2}		
Psychiatric Nurses							Y	Y	Y	Y			
Psychologists	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Registered Nurses	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Respiratory Therapists					Y	Y	Y		Y	Y^{NSR}			
Social Workers	Y	Y	Y^{NH}	Y	Y	Y^{NH}		Y^{NH}	Y	Y^{NSR}			
Speech Language Pathologists and Audiologists				Y	Y	Y	Y	Y	Y				

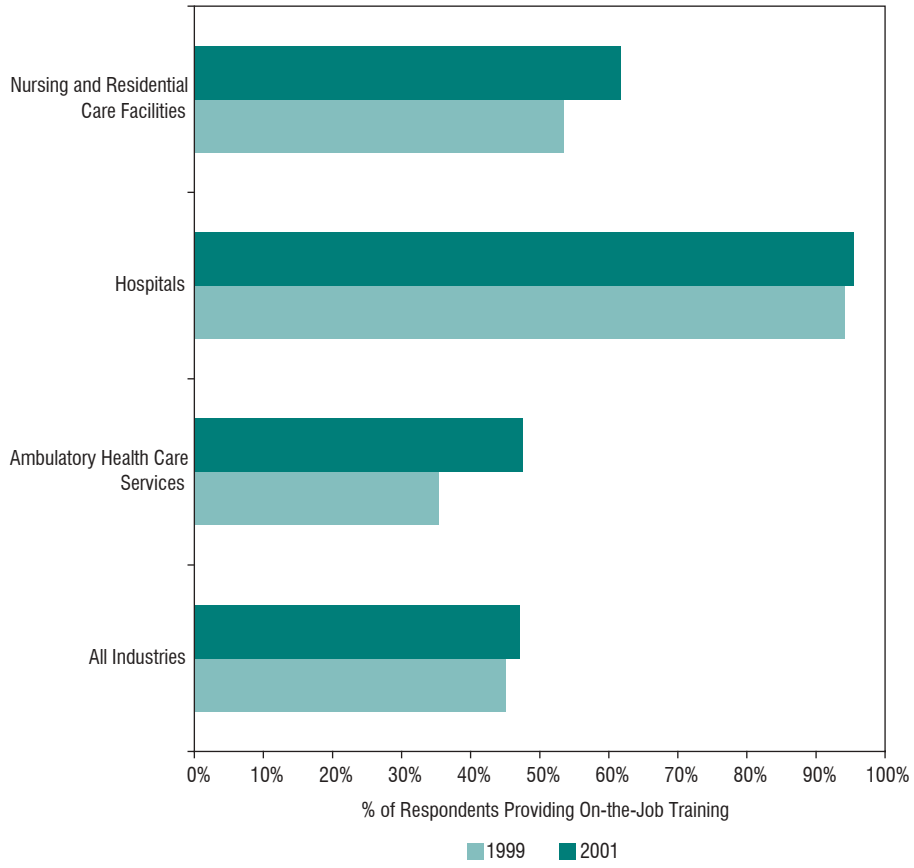
Notes:
The letter "Y" in a cell indicates that legislation is present; the letter X indicates that legislation is under review, being replaced or under re-development. Superscript designations identify any variation. A blank cell indicates that no legislation covering the specific health profession exists within an individual jurisdiction.

Y	Profession Regulated
Y^{1}	Changes to the Act/Regulations Under Development
Y^{2}	Act Passed but Not Proclaimed
Y^{DA}	Regulated Under a Dental Act
Y^{MA}	Regulated Under a Medical Act
Y^{NSR}	Regulated Directly by Government
Y^{NH}	Regulated Under Legislation Not Administered by a Health Ministry/Department
Y^{P}	Podiatry Legislation
Y^{D}	Refers to Dieticians and Not Nutritionists
Y^{NPF}	Inclusion of Electroneurophysiologists Under Development
Y^{DPA}	Drugless Practitoner Act, No Entry
X^{1}	Act to Be Replaced
X^{2}	Act Replaced
X^{3}	New Act Being Developed

Source: Health Canada, Health Care Strategies and Policy Directorate, as of May 5, 2003.

On-the-Job Training [📖 26]

Some employers support training for their employees in or outside the workplace. In 2001, nearly all Canadian hospitals (95%) reported providing some type of on-the-job training for their employees. Although training rates in ambulatory health care settings were lower, they increased from 35% in 1999 to 48% in 2001.



Source: Workplace and Employee Survey, Statistics Canada.

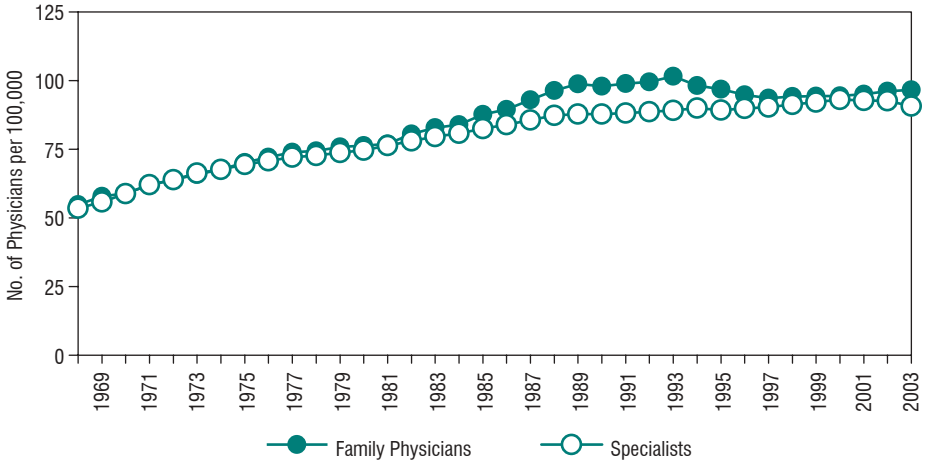
Chapter 3

Planning for the Future: The Supply of Health Care Providers

Planning for the Future: The Supply of Health Care Providers

Trends in Physician Supply [34]

The number of doctors in clinical and non-clinical practice per person in Canada has varied over time. The graph below shows family medicine and specialist physicians per 100,000 Canadians.

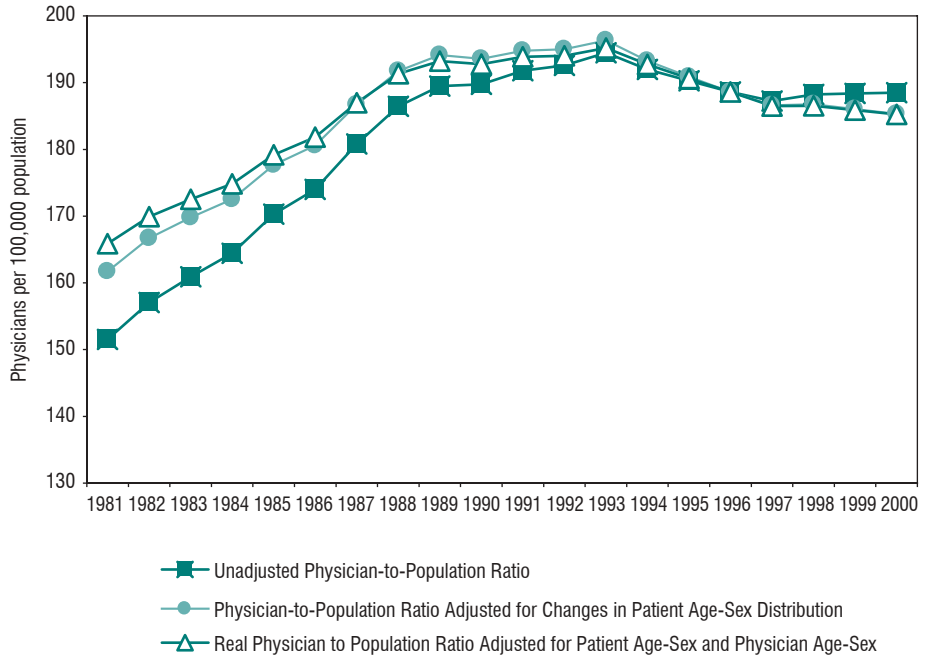


Notes:
"Family medicine" includes certificants of the College of Family Physicians of Canada (CFPC), non-CFPC general practitioners, foreign-certified specialists and other non-certified specialists. "Specialists" includes certificants of the Royal College of Physicians and Surgeons of Canada or the Collège des médecins du Québec.
Data as of December 31 of given year.

Source: Southam Medical Database, CIHI.

Estimating Changes in Physician Supply [ ]

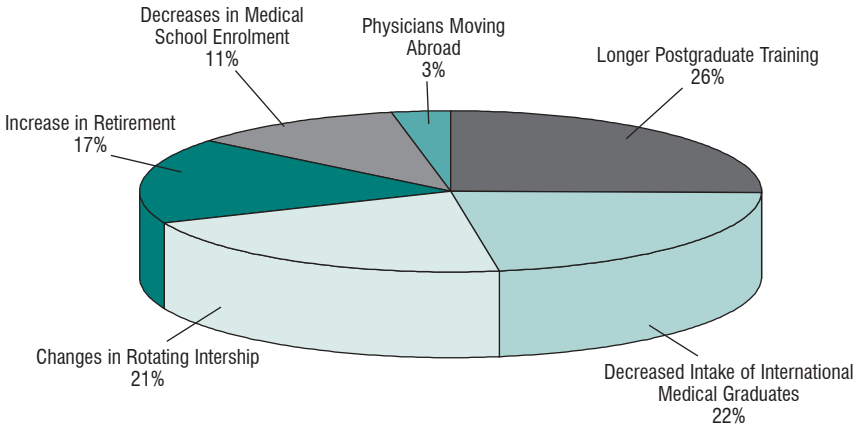
The graph below shows the results of a study that examined the effects of three factors—population growth, patient demographics, and the profile of the physician workforce—on physician supply between 1981 and 2000.



Source: Chan B. (2002). *From Perceived Surplus to Perceived Shortage: What Happened to Canada's Physician Workforce in the 1990s?* Ottawa: Canadian Institute for Health Information.

Understanding Recent Changes in Physician Supply [ ]

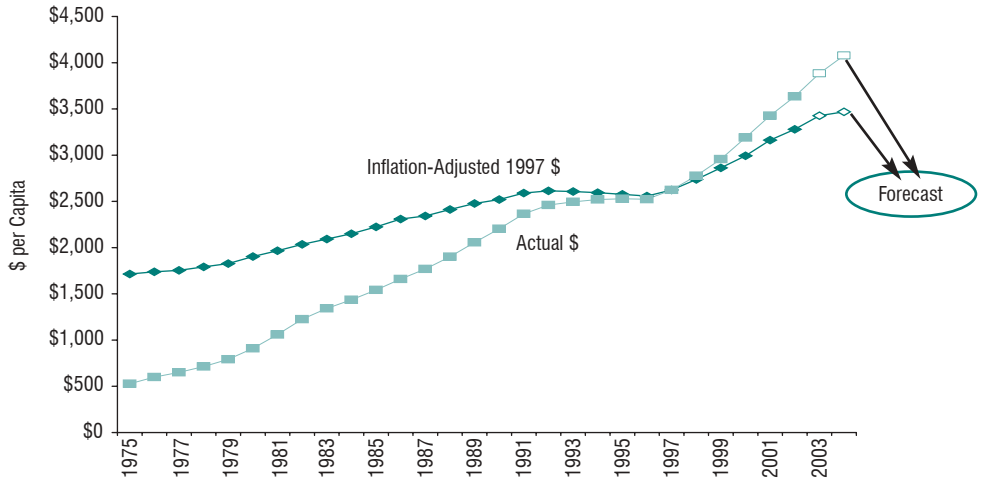
According to a recent study, longer postgraduate training alone accounted for about one-quarter of the decline in net physician inflow into the practice pool between 1994 and 2000. Other factors explaining the decrease are also shown below.



Source: Chan B. (2002). *From Perceived Surplus to Perceived Shortage: What Happened to Canada's Physician Workforce in the 1990s?* Ottawa: Canadian Institute for Health Information.

The Growth in Health Care Spending [38]

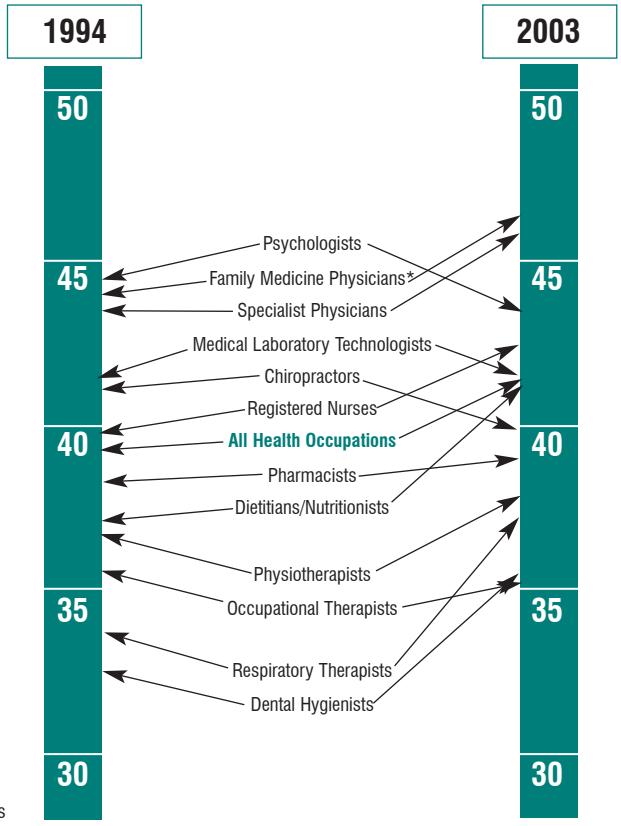
Canadians saw increased growth in actual and inflation-adjusted health care spending per person following a plateau between 1992 and 1997. Figures include spending by both the public and private sectors.



Source: National Health Expenditure Database, CIHI.

Health Professionals Aging [39]

The average age of workers in most health occupations is increasing. Overall, it rose from 39.2 years in 1994 to 40.8 years in 2000, and to 41.6 in 2003. In some cases, this may be partly explained by fewer people entering the profession or by entrants who are, on average, older than in previous years. The graph below shows the change in average age for selected health professions between 1994 and 2003.

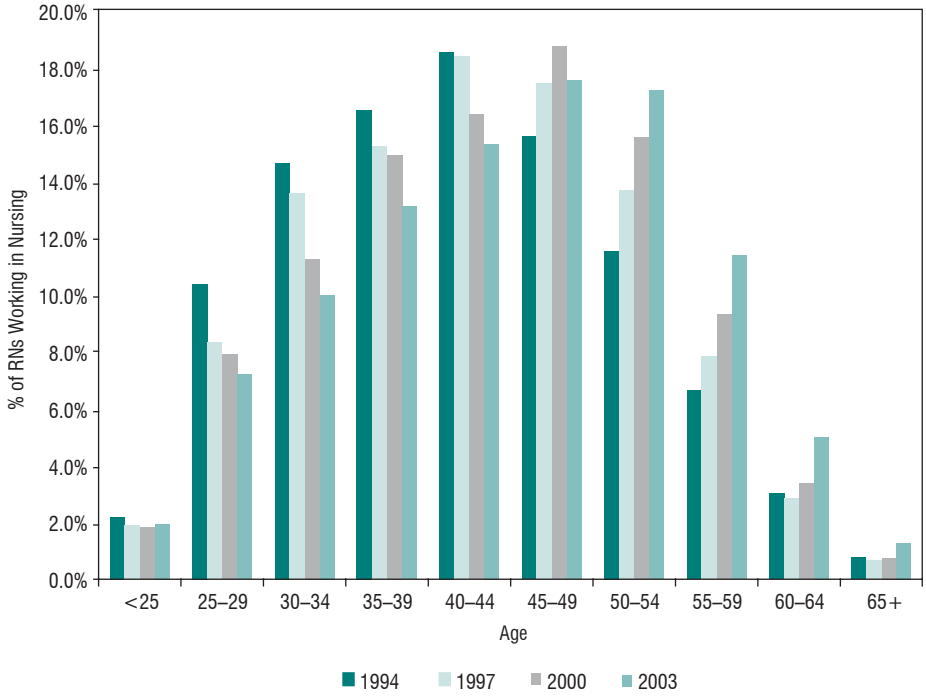


* Includes residents and interns

Source: Labour Force Survey, Statistics Canada.

Aging Nurses [40]

The average age of registered nurses (RNs) working in nursing has risen steadily for several years. The graph below shows how the age distribution of RNs changed between 1997 and 2003.



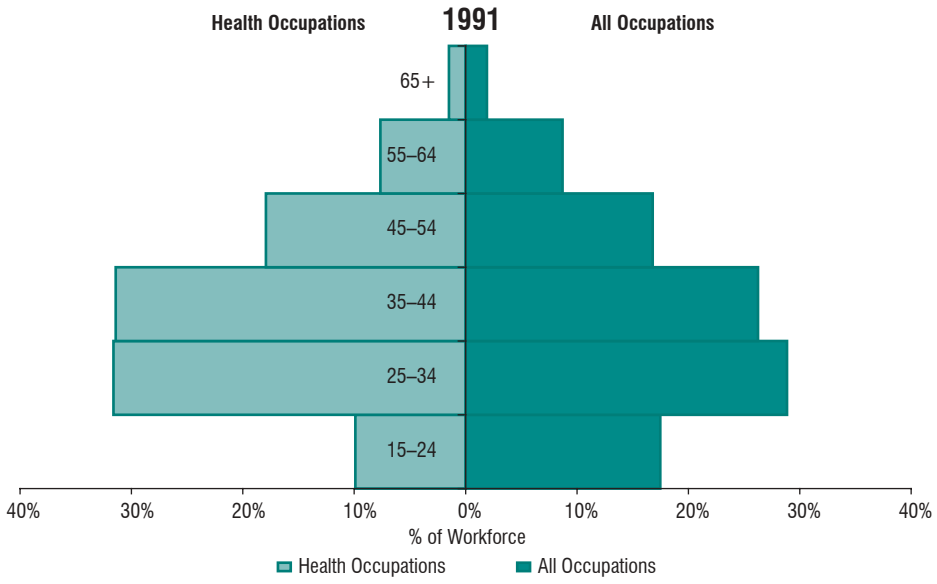
Source: Registered Nurses Database, CIHI.

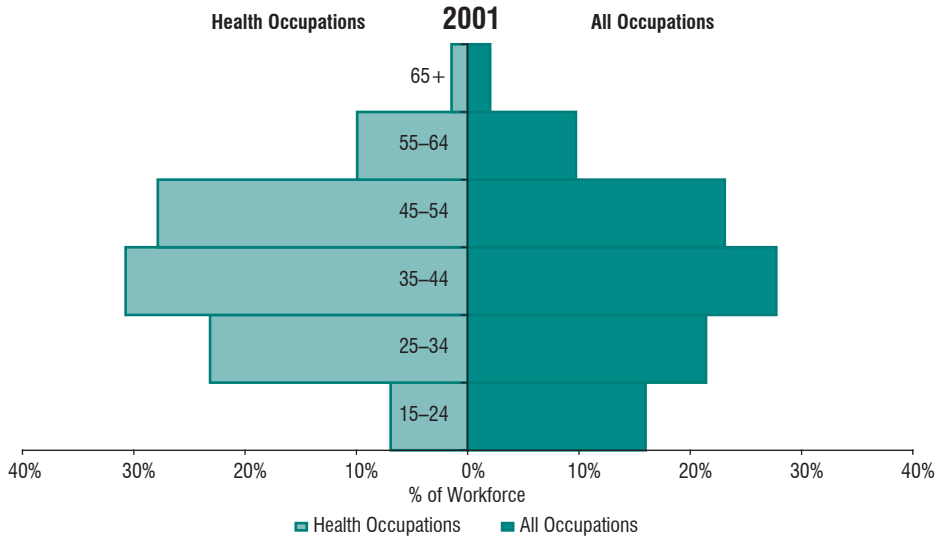
Getting Older in Health Care [ ]

The average age of Canada's population is increasing. Between the 1991 and 2001 censuses, the proportion of the working population aged 45 to 64 increased. This trend is more pronounced for people in health occupations than for those in the workforce as a whole.

For example, Canada's registered nurses (RNs) are getting older, and many will soon be reaching retirement age. CIHI data show that the average age of registered nurses was 44.2 years in 2002, up 1.6 years from 1998. As well, in 2002, there were more RNs in the Canadian workforce aged 55 to 59 (12%) than aged 25 to 29 (7%). According to a joint study released in 2003 by CIHI and the Nursing Effectiveness, Utilization, and Outcomes Research Unit at the University of Toronto, assuming a retirement age of 65, Canada would lose 29,746 RNs aged 50 or older by 2006. That's 13% of the 2001 nursing workforce. Alberta (9% loss) and the Atlantic region (10%) are likely to be least affected. Quebec, on the other hand, would lose 16% of its 2001 nursing workforce.

But health professionals often retire before age 65. In fact, about half (49%) did so between 1997 and 2000. Projections assuming a retirement age of 55 estimate even greater losses by 2006: 64,248 RNs aged 50 or older, or 28% of the 2001 nursing workforce. Under this model, losses would range from 22% of RNs in the Atlantic region to 32% in British Columbia.

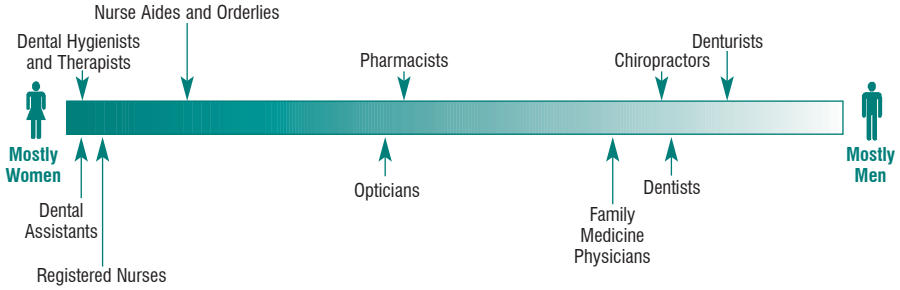




Source: Censuses, Statistics Canada.

The Gender Mix by Health Occupation [📖 41]

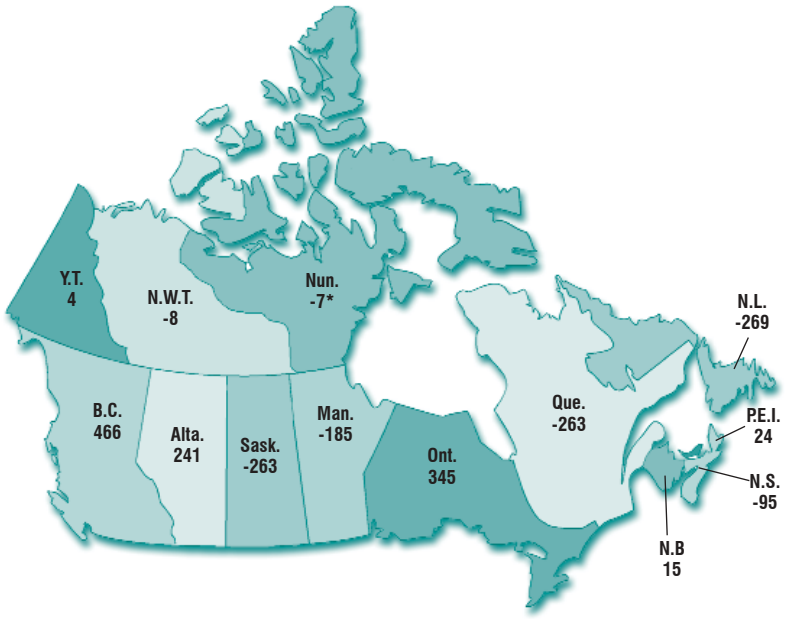
Almost all dental assistants (98%) and dental hygienists (98%) in Canada in 2001 were women. Denturists (22%) and dentists (27%) were at the opposite end of the spectrum. The chart below shows the gender mix for selected health occupations.



Source: 2001 Census, Statistics Canada.

Physician Migration Within Canada [📖 43]

From year to year, provinces and territories gain and lose physicians because of migration within Canada. The map below shows the five-year net migration of clinical and non-clinical physicians (including residents) between 1999 and 2003. The numbers are based on physicians' province/territory of residence at the beginning of each year.

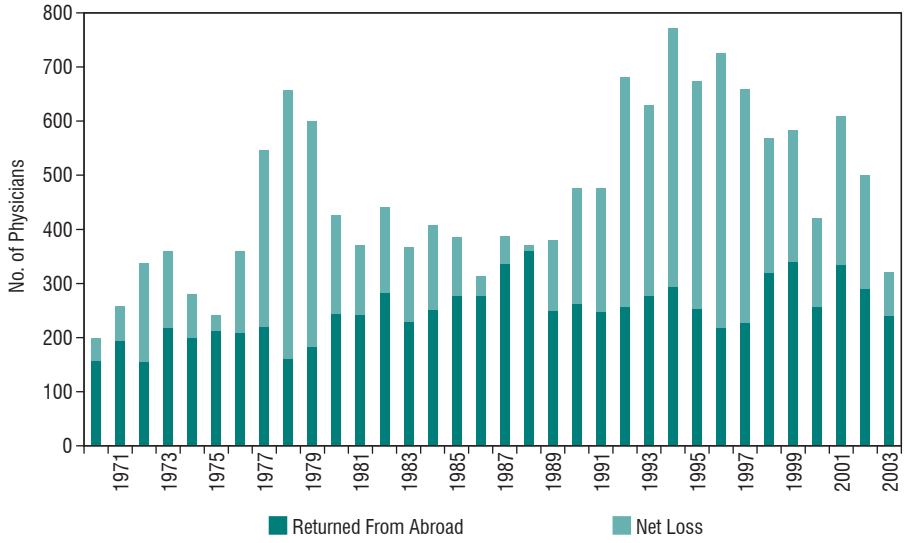


Notes:
* Net Migration for Nunavut based on 2000–2003 data.
Data as of December 31 of given year.

Source: Southam Medical Database, CIHI.

Canadian Physicians on the Move [📖 44]

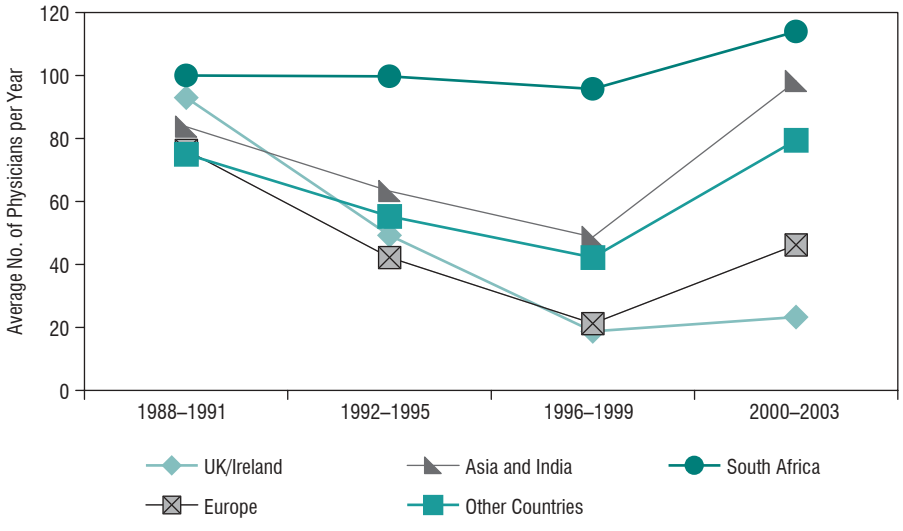
Each year, some physicians—about 1% of the total supply in recent years—leave Canada. Others return. Over the last 33 years, this movement has ebbed and flowed. The top of the bar on the graph below shows how many left each year from 1970 to 2003. The bottom bar shows how many returned to clinical or non-clinical practice in Canada. The difference represents the annual net loss.



Source: Southam Medical Database, CIHI.

"New" Physicians in Canada [📖 45]

Over time, Canada has attracted physicians from a variety of different countries. The graph below shows the number of physicians who entered Canada by country of M.D. graduation, averaged over five-year periods between 1986 and 2000.



Source: Southam Medical Database, CIHI.

Canadian Physicians Who Graduated From a Foreign Medical School, by Specialty and Province/Territory, 2003 [ ]

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
1.0 Family Medicine	**259**	**017**	**287**	**171**	**847**	**2,146**	**380**	**585**	**988**	**1,231**	**15**	**5**	**3**	**6,934**
2.0 Medical Specialists	**83**	**10**	**183**	**68**	**620**	**2,414**	**132**	**152**	**408**	**813**	**0**	**1**	**0**	**4,884**
2.1 Clinical Specialists														
- Internal Medicine	24	3	56	20	206	560	44	52	102	183	0	0	0	1,250
- Medical Genetics	0	0	1	0	2	5	0	1	1	4	0	0	0	14
- Dermatology	2	1	1	0	11	20	2	3	5	9	0	0	0	54
- Neurology	4	0	4	1	28	52	5	8	13	27	0	0	0	142
- Pediatrics	16	1	15	11	73	331	23	21	65	114	0	0	0	670
- Physical Medicine and Rehab.	0	0	1	0	8	40	3	3	7	12	0	0	0	74
- Psychiatry	4	1	52	13	136	643	18	22	70	209	0	1	0	1,169
- Community Medicine	0	0	0	0	11	14	0	0	3	10	0	0	0	38
- Emergency Medicine	0	0	0	0	1	4	0	0	0	4	0	0	0	9
- Occupational Medicine	0	0	0	0	0	0	0	0	2	0	0	0	0	2
- Anesthesia	9	2	27	11	49	260	16	12	51	97	0	0	0	534
- Nuclear Medicine	1	0	0	0	4	13	0	2	1	2	0	0	0	23
- Diagnostic Radiology	8	1	8	2	32	186	3	10	28	45	0	0	0	323
- Radiation Oncology	1	0	3	1	12	57	2	2	8	20	0	0	0	106
Total—Clinical Specialists	**69**	**9**	**168**	**59**	**573**	**2,185**	**116**	**136**	**356**	**736**	**0**	**1**	**0**	**4,408**
2.2 Laboratory Specialists														
- Medical Biochemistry	0	0	2	0	12	12	0	1	1	2	0	0	0	30
- Medical Microbiology	1	0	2	0	13	11	1	1	2	6	0	0	0	37
- Pathology	13	1	11	9	22	206	15	14	49	69	0	0	0	409
Total—Laboratory Specialists	**14**	**1**	**15**	**9**	**47**	**229**	**16**	**16**	**52**	**77**	**0**	**0**	**0**	**476**
3.0 Surgical Specialists	**30**	**2**	**54**	**30**	**241**	**615**	**60**	**59**	**94**	**262**	**0**	**0**	**0**	**1,447**
- General Surgery	6	2	13	9	60	148	18	14	26	67	0	0	0	363
- Cardio and Thoracic Surgery	1	0	3	0	13	21	0	1	6	6	0	0	0	51
- Neurosurgery	1	0	2	2	8	18	0	6	2	8	0	0	0	47
- Obstetrics and Gynecology	11	0	14	7	52	186	15	18	28	61	0	0	0	392
- Ophthalmology	5	0	5	3	27	51	8	9	11	42	0	0	0	161
- Otolaryngology	1	0	9	3	21	48	3	2	3	22	0	0	0	112
- Orthopedic Surgery	3	0	2	1	37	72	10	6	11	38	0	0	0	180
- Plastic Surgery	0	0	1	2	5	17	3	2	2	7	0	0	0	39
- Urology	2	0	5	3	18	54	3	1	5	11	0	0	0	102
4.0 Medical Scientists	**0**	**0**	**0**	**0**	**3**	**12**	**1**	**1**	**2**	**2**	**0**	**0**	**0**	**21**
Total—All Specialists	**113**	**12**	**237**	**98**	**864**	**3,041**	**193**	**212**	**504**	**1,077**	**0**	**1**	**0**	**6,352**
Total Physicians	**372**	**29**	**524**	**269**	**1,711**	**5,187**	**573**	**797**	**1,492**	**2,308**	**15**	**6**	**3**	**13,286**

Notes:
Excludes residents and physicians with "no publication" status.
Includes physicians who provide both clinical and/or non-clinical services. Specialty allocation is by latest acquired certified specialty. "Internal medicine" includes sub-specialties. "Family medicine" includes certificants of the College of Family Physicians of Canada (CFPC), non-CFPC general practitioners, foreign-certified specialists and other non-certified specialists. "Specialists" includes certificants of the Royal College of Physicians and Surgeons of Canada or the Collège des médecins du Québec
Figures for Canadian and foreign graduates combined will not equal figures for total physicians, because there were 336 cases where place of M.D. graduation was not specified.
Data as of December 31, 2003.

Source: Southam Medical Database, CIHI.

Registered Nurse (RN) Workforce by Place of Graduation and Province/Territory of Registration, Canada, 2003 [ ]

	Canada		Foreign		Unknown		Total
	Counts	%	Counts	%	Counts	%	
N.L.	5,313	97.8	91	1.7	26	0.5	5,430
P.E.I.	1,344	97.9	25	1.8	4	0.3	1,373
N.S.	8,304	97.7	194	2.3	0	0.0	8,498
N.B.	7,100	98.8	85	1.2	1	<0.1	7,186
Que.	60,959	97.5	1,532	2.5	3	<0.1	62,494
Ont.	75,425	88.5	9,682	11.4	80	0.1	85,187
Man.	9,447	94.1	587	5.9	0	0.0	10,034
Sask.	8,124	95.5	266	3.1	113	1.3	8,503
Alta.	21,309	88.9	930	3.9	1,725	7.2	23,964
B.C.	23,421	84.5	4,143	15.0	147	0.5	27,711
Y.T.	270	93.1	20	6.9	0	0.0	290
N.W.T.	369	89.1	43	10.4	2	0.5	414
Nun.	221	85.7	35	13.6	2	0.8	258
Canada	**221,606**	**91.8**	**17,633**	**7.3**	**2,103**	**0.9**	**241,342**

Notes:
Territorial data include interprovincial duplicates employed in nursing.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology.

Source: Registered Nurses Database, CIHI.

Registered Psychiatric Nurse (RPN) Workforce by Place of Graduation and Province of Registration, Canada, 2003 [ ]

	Canada		Foreign		Unknown		Total
	Counts	%	Counts	%	Counts	%	
Man.	940	98.5	14	1.5	0	0.0	954
Sask.	917	97.7	*	*	**	**	939
Alta.	1,025	90.9	103	9.1	0	0.0	1,128
B.C.	1,686	80.8	**	**	**	**	2,086
Canada	**4,568**	**89.4**	**373**	**7.3**	**166**	**3.3**	**5,107**

Notes:
* Value suppressed in accordance with CIHI privacy policy.
** Value suppressed to ensure confidentiality.
CIHI data will differ from provincial data due to the CIHI collection, processing and reporting methodology.

Source: Registered Psychiatric Nurses Database, CIHI.

Licensed Practical Nurse (LPN) Workforce by Place of Graduation and Province/Territory of Registration/Licensure, Canada, 2003 [ ]

	Canada		Foreign		Unknown		Total
	Counts	%	Counts	%	Counts	%	
N.L.	1,949	71.7	n/s	n/s	770	28.3	2,719
P.E.I.	**	**	*	*	0	0.0	619
N.S.	3,013	99.7	9	0.3	0	0.0	3,022
N.B.	2,419	99.6	10	0.4	0	0.0	2,429
Que.	n/s	n/s	n/s	n/s	14,831	100.0	14,831
Ont.	24,858	96.6	856	3.3	16	0.1	25,730
Man.	2,377	98.3	40	1.7	0	0.0	2,417
Sask.	2,019	98.2	37	1.8	0	0.0	2,056
Alta.	4,658	97.7	101	2.1	7	0.1	4,766
B.C.	4,189	95.4	0	0.0	202	4.6	4,391
Y.T.	60	100.0	0	0.0	0	0.0	60
N.W.T.	**	**	*	*	0	0.0	98
Nun.	..		..	..	..		..
Canada	**46,255**	**73.3**	**1,057**	**1.7**	**15,826**	**25.1**	**63,138**

Notes:
* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4
** Value suppressed to ensure confidentiality; cell value is greater than 5
.. Data not currently collected by CIHI
n/s Data not submitted to CIHI
CIHI data will differ from provincial/territorial statistics due to the CIHI collection, processing and reporting methodology.

Source: Licensed Practical Nurses Database, CIHI.

Chapter 4

Teamwork in Health Care

Teamwork in Health Care

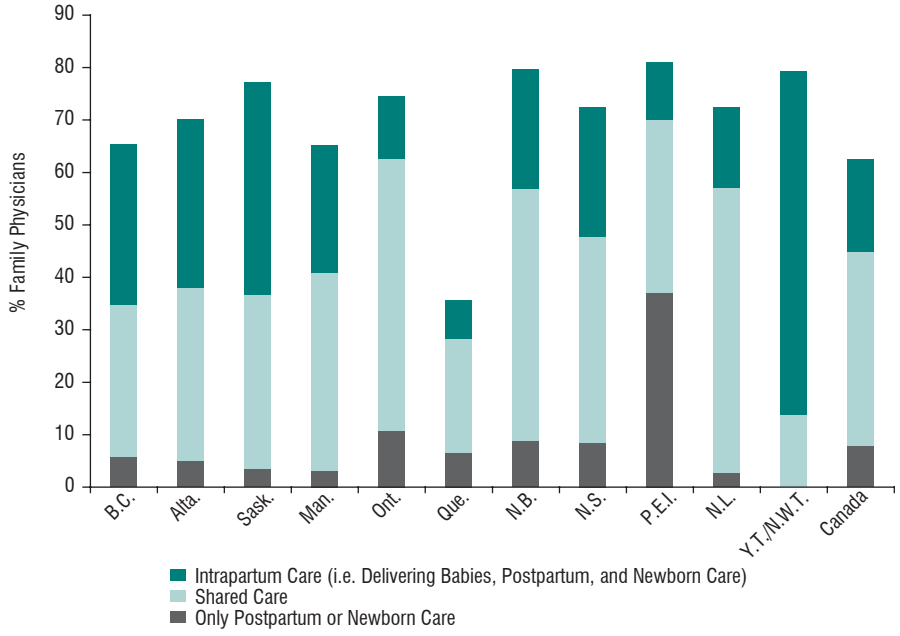
Sharing Care [ ]

Management gurus have touted the importance of teamwork for years. In health care, too, interdisciplinary/multidisciplinary health care teams have become a subject of research and policy interest. Many questions remain to be answered, but some results are beginning to emerge. For example, a recent study in the UK found that having health care providers from various disciplines work together in primary health care can lead to not only a higher quality of care for patients, but also better mental health among the providers. This study found that organizations with a higher proportion of staff working in multidisciplinary teams tend to have lower patient mortality, after adjusting for health needs and hospital size.

New research is exploring how the mix of staff in care teams and other characteristics of the working environment may be related to patient outcomes. This work builds on the hundreds of studies from other industries linking working conditions and job satisfaction to productivity, quality, and the health of workers. Interesting results in health care are beginning to emerge. For example, U.S. researchers found links between higher levels of staffing by registered nurses and quality of care for some, but not all, quality measures and groups of patients.

Increasingly, teamwork is emphasized from the start of training. For example, in February 2002, the University of British Columbia established the College of Health Disciplines. The College in itself is not a faculty, but is affiliated with seven faculties: agricultural sciences, applied science, arts, dentistry, education, medicine, and pharmaceutical sciences. These faculties encompass 16 health and human service programs. The College's aim is to foster interdisciplinary education and cultivate an environment that promotes an "interprofessional culture through innovative student learning, collaborative research, and better practices" for health and human service practitioners. Several other universities have related initiatives.

In Canada, most family physicians involved in maternity and newborn care provide "shared care." This means that they provide prenatal care up to a certain number of weeks of pregnancy (often between 24 and 30 weeks) and then transfer care to another provider, such as an obstetrician, a midwife, or another family physician who delivers babies. Some family physicians also attend deliveries, but the proportion varies across the country. In a 2001 survey, 66% of family physicians providing some care for pregnant women and/or newborns in the Yukon Territory and the Northwest Territories said that they delivered babies, compared to 7% and 12% respectively in Quebec and Ontario.

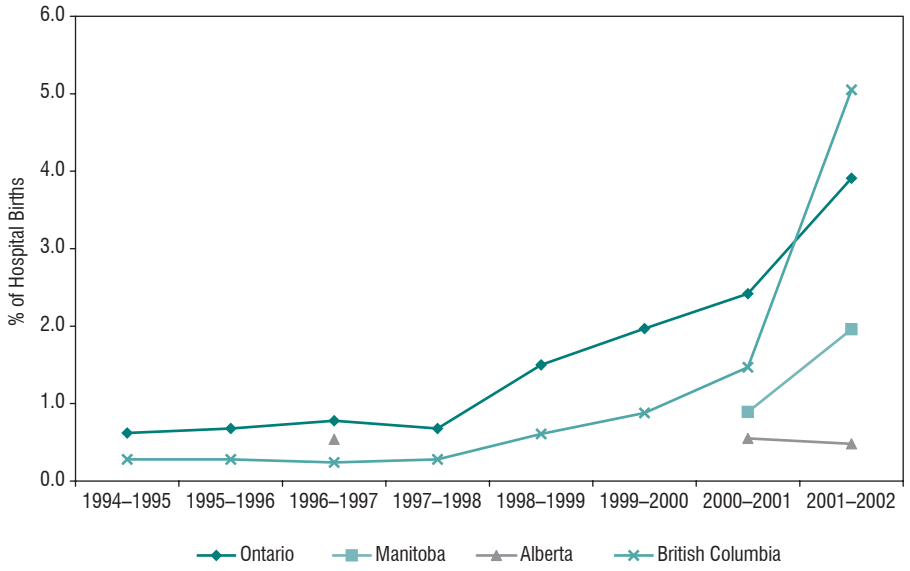


Notes:
Data for Nunavut were not available. Also, data for the "only postpartum or newborn care" category was not available for the Yukon Territory and Northwest Territories.

Source: 2001 National Family Physician Workforce Survey, part of the JANUS Project, College of Family Physicians of Canada.

Hospital Births Attended by Midwives [20]

Between 1993 and 2002, the number of regulated midwives practising in Canada grew from 96 to 413. Some of this increase reflects regulatory changes, such as registration requirements, rather than actual growth in the number of midwives. Nevertheless, with the increase in the actual number of midwives and in the number of provinces who train and regulate them, more expecting mothers are choosing these health care professionals to deliver their babies. Midwifery services in Ontario, Quebec, Manitoba, and British Columbia are funded from the public purse, while families in Alberta pay about $2,500 per course of care in out-of-pocket expenses. The chart below shows how the number of publicly funded hospital births attended by midwives in these provinces has changed over time.



Note:
Graph only includes births in hospital.
Data in the original report included both hospital and home births.

Source: Discharge Abstract Database, CIHI.

Types of Medical Professionals Who Can Refer Patients for MRI or CT Scans, by Jurisdiction, 2003 [ ]

In Canada, many types of medical imaging require a referral by a physician. Who orders the test may vary depending on the type of test, policies/protocols in specific health regions or facilities, the reason the test is being ordered, the available range of medical specialties, the geographic location of the ordering physician and other factors.

For example[1], a 2003 report by the Institute for Clinical Evaluative Sciences (ICES) showed that neurologists, family physicians, orthopedic surgeons, and neurosurgeons order most outpatient MRI scans in Ontario. They accounted for 24%, 20%, 17%, and 8% of scans respectively. The same report by ICES also showed that the distribution of MRI referrals varied depending on the kind of physician making the referral, the body site for which the MRI test was ordered, and where the physician worked. For example, neurologists were more likely to order an MRI scan of the head (41.5% of scans), compared to GPs/FPs (14.8%). Likewise, referrals for scans in northern Ontario were more likely to come from GP/FPs (42% of scans) than those in southern Ontario (17%). The chart below shows which type of physicians ordered MRI and CT scans in each province and territory in 2003.

Jurisdiction	MRI	CT
N.L.	Specialist usually	Specialist except in rural board where GPs may refer
P.E.I.	Referred out of province by attending physician *	Specialist or GP
N.S.	Specialist	Specialist or, where absent or scarce, GP
N.B.	Specialist, but in some circumstances GP upon radiologist consultation	Specialist usually; GP request with radiologist consultation
Que.	Specialist or GP	Specialist or GP
Ont.	Specialist or GP	Specialist or GP
Man.	Specialist	Specialist or GP with level of urgency indicated
Sask.	Specialist	Specialist usually, but in some areas GP
Alta.	Specialist usually, but may vary by regional health authority	Specialist or GP
B.C.	Specialist or GP	Specialist or GP
Y.T.	GP in consultation with specialist	GP in consultation with specialist
N.W.T	Referred out of territory by specialist or GP	Specialist or GP
Nun.	Specialist or GP	Specialist or GP

Notes:
*Newly installed MRI equipment now means not all patients travel out of province.

1 K. Iron, R. Przybysz, A. Laupacis, *Access to MRI in Ontario: Addressing the Information Gap* (Toronto: Institute for Clinical Evaluative Sciences, 2003).
From Medical Imaging in Canada (2004)—p. 59–60

Source: Medical Imaging in Canada 2004, CIHI.

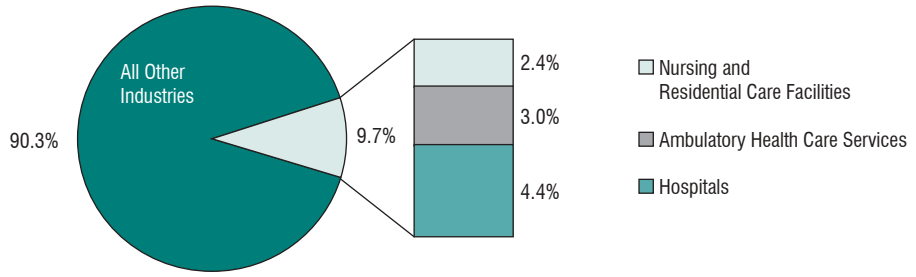
Chapter 5

Working in Health Care

Working in Health Care

Where Do Health Care Employees Work? [69]

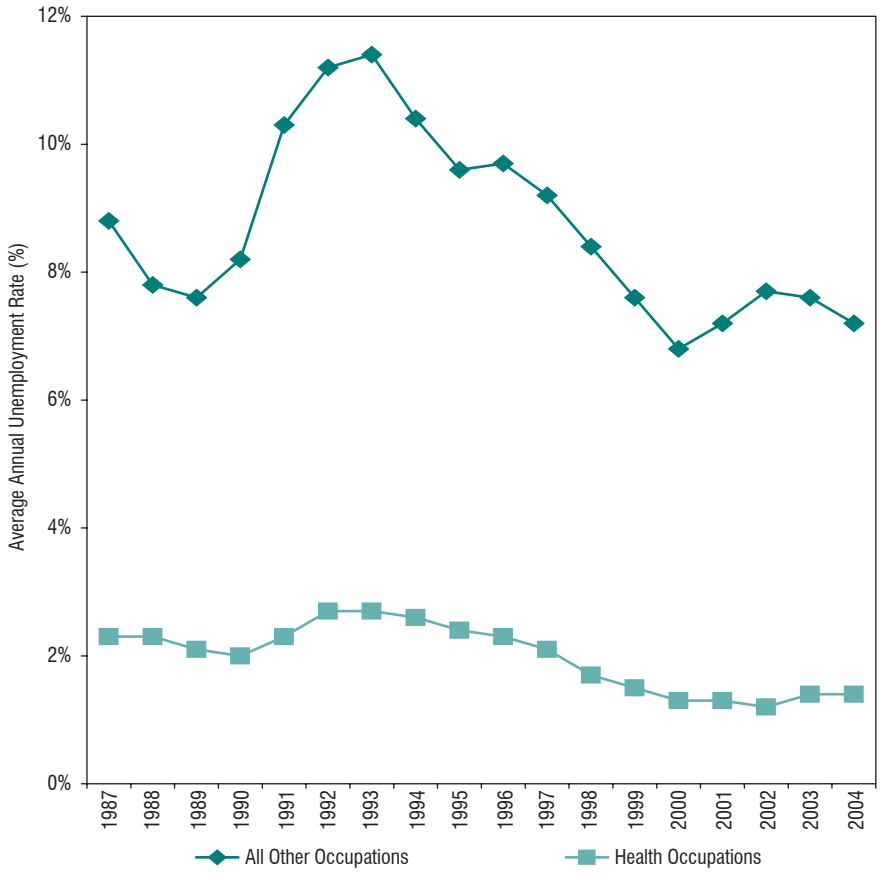
In 2001, hospitals employed about half of all Canadians who worked in one of the three main health care settings surveyed. The rest worked in ambulatory health care settings or nursing and residential care facilities.



Source: Workplace and Employee Survey, Statistics Canada.

Unemployment Less Likely for Health Workers [69]

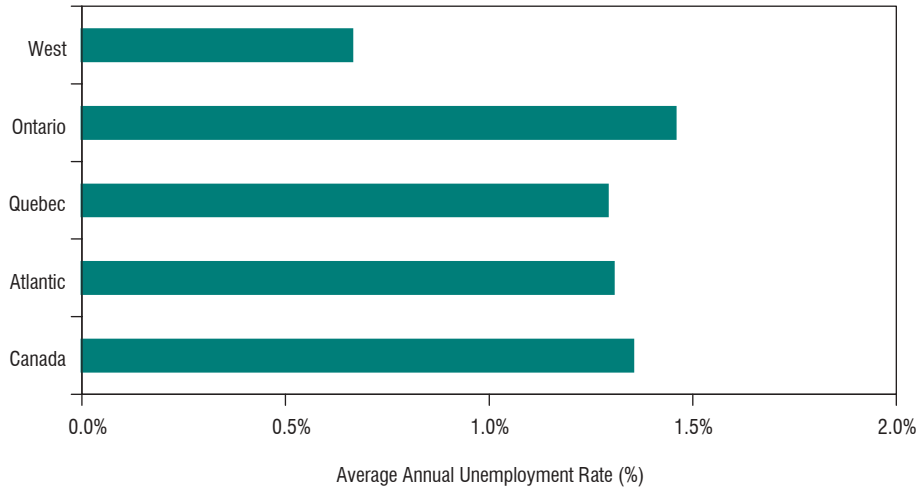
Since 1987, average annual unemployment rates for Canadians in health occupations have been consistently lower than those for workers in all other occupations.



Source: Labour Force Survey, Statistics Canada.

Health Unemployment Across Canada [📖 70]

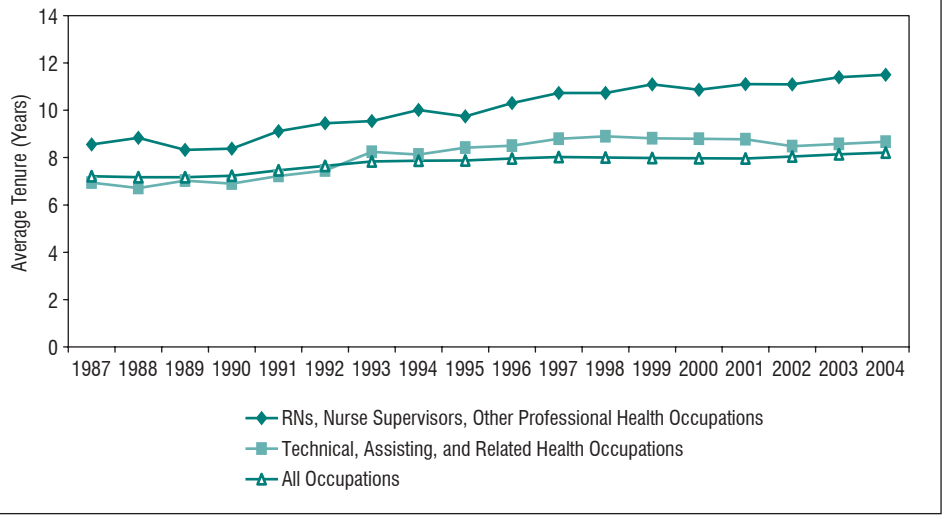
The average annual unemployment rate for Canadians in health occupations was 1.4% in 2004. Rates varied somewhat from region to region across the country, as shown below, but all were below 2%. Data for the territories are not available.



Source: Labour Force Survey, Statistics Canada.

Staying Longer With the Same Employer [📖 70]

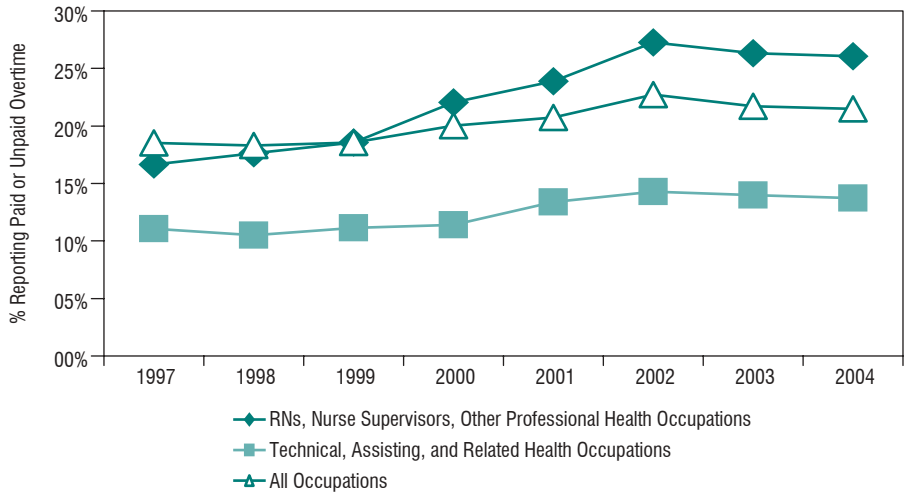
Average job tenure—the number of consecutive years worked for one's current or most recent employer—has increased since the late 1980s. That's true both for Canadian workers in general and for those in health occupations. Throughout this period, average tenure was higher for RNs, nurse supervisors, and those in other professional health occupations than for other health workers.



Source: Labour Force Survey, Statistics Canada.

Working Overtime [71]

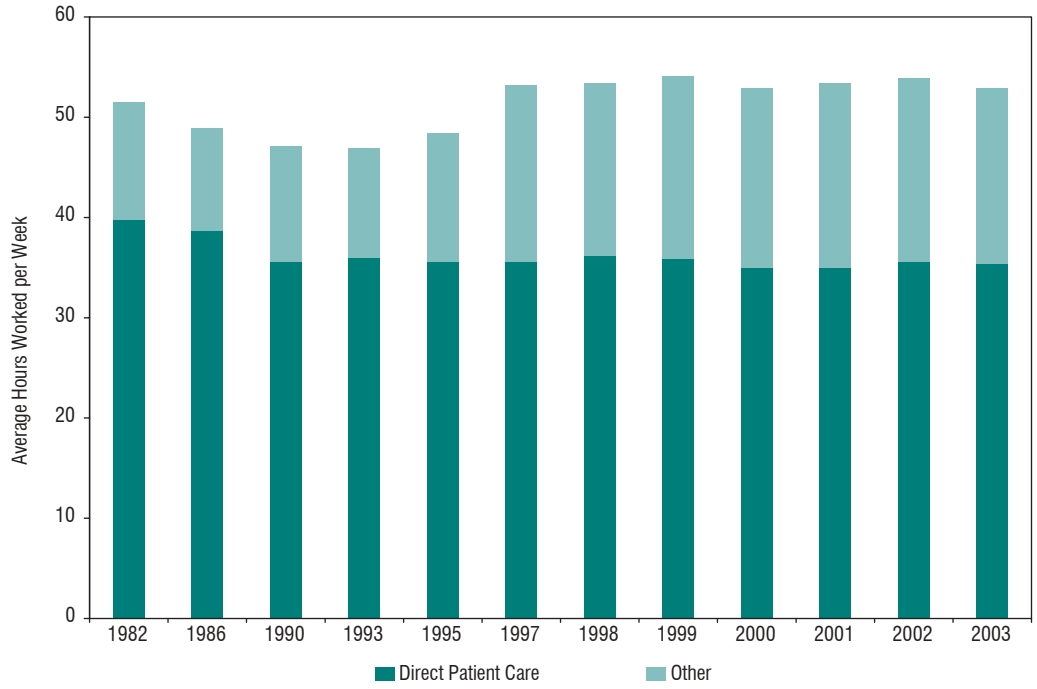
About one in five Canadians in health occupations reported working some paid or unpaid overtime each week in 2004, as shown below. The likelihood of working overtime has increased somewhat for different groups of health professionals over time.



Source: Labour Force Survey, Statistics Canada.

How Physicians Spend Their Work Time [72]

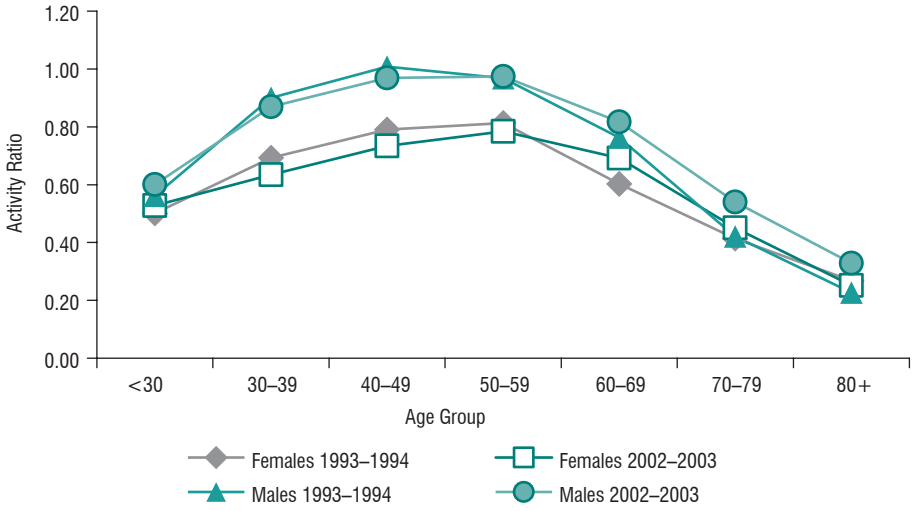
For more than a decade, the Canadian Medical Association has asked physicians about how they spend their work time. The graph below shows the results—the average number of hours worked per week by full and part-time Canadian physicians between 1982 and 2003, excluding time spent on call. Annual averages range from a low of just under 47 hours in 1993 to a high of 54 hours in 1999. Most of this time was spent on direct patient care. Other activities included indirect patient care (e.g. other phone calls or charting), administration, research, teaching, continuing medical education (CME), or other activities. Figures prior to 1993 are based on census surveys of all physicians (including family doctors and specialists) in Canada; later figures come from sample surveys.



Source: Physician Resource Questionnaire 2003, Canadian Medical Association.

Physicians Are Working More [72]

"Activity ratios" compare the relative amount of work two groups of physicians do, as measured by fee-for-service activity, taking into account which provinces they practise in and which specialties they practise. A ratio of 1.0 represents a "typical" full-time physician in fee-for-service practice. Male physicians paid on a fee-for-service basis in 2002–2003 appear to be only slightly more active, on average, than those in 1993–1994. The average activity ratio for female physicians remained unchanged when comparing the same two years.

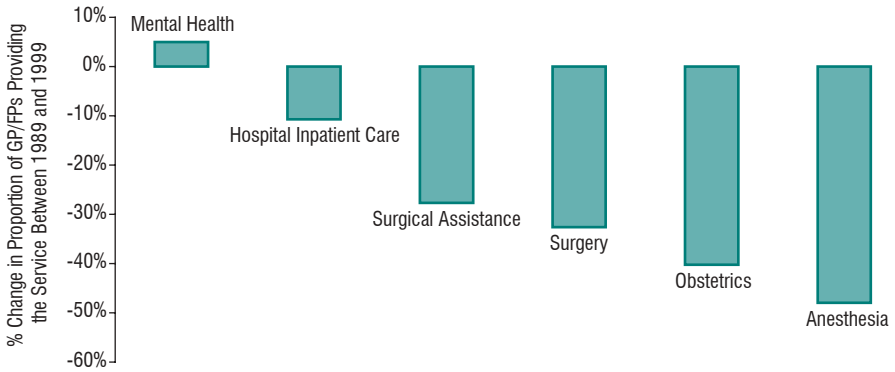


Source: National Physician Database, CIHI.

What Family Doctors Do Is Changing [ ]

The letters after their name may be the same, but the range of services that family doctors provide varies greatly. Some services, such as mental health counselling, are becoming more common; but fewer family doctors are now involved in areas such as hospital inpatient care, surgical assistance, and births.

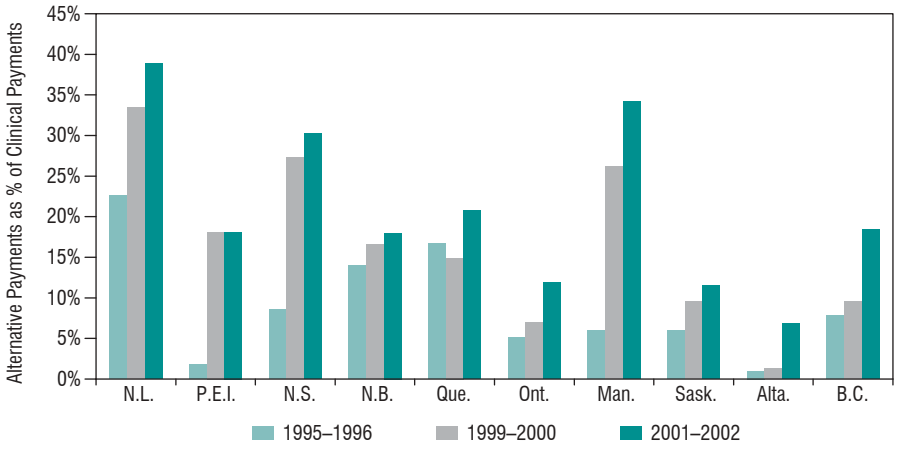
That said, the scope of services that family doctors provide varies across the country. For example, the proportion of family physicians attending deliveries ranged in 2001 from 8% to 69%, depending on the province or territory. Family physicians in the western provinces and the territories were more likely to deliver babies than those in central or Atlantic Canada. Likewise, family physicians in group practices were more likely to do so than others.



Source: National Physician Database, CIHI.

The Growing Popularity of Alternative Payment Plans [74]

The share of spending on physician services that flowed through alternative payment plans increased in all provinces between 1995–1996 and 2001–2002.

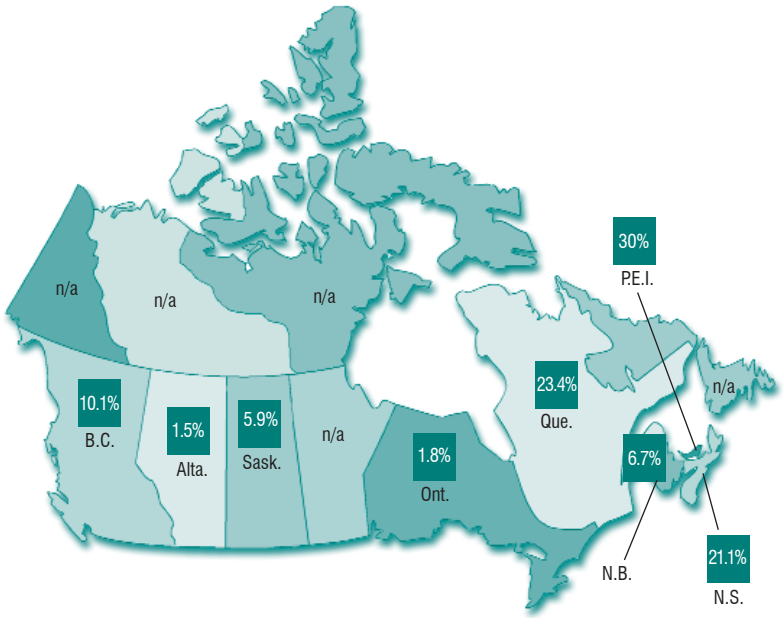


Note:
Data from the territories are not available.

Source: *Alternative Payments and the National Physician Database (NPDB): The Status of Alternative Payment Programs for Physicians in Canada, 2001–2002 and Preliminary Information 2002–2003*, CIHI.

Doctors With "Mainly" Alternative Funding [74]

The proportion of physicians in 2001–2002 who received at least half of their clinical income from alternative sources varied across jurisdictions. Prince Edward Island (30.0%), Nova Scotia (21.1%) and Quebec (23.4%) had the highest percentages. In most other jurisdictions, physicians who received mainly alternative payments represented less than 10% of total physicians.



% of Physicians With "Mainly" Alternative Funding in 2001–2002

Note:
The number of physicians reported usually reflects the total number of physicians registered with provincial/territorial medicare plans and may exceed the number actually paid.
n/a Data are not available.

Source: *Alternative Payments and the National Physician Database (NPDB): The Status of Alternative Payment Programs for Physicians in Canada, 2001–2002 and Preliminary Information 2002–2003*, CIHI.

How Much General Duty RNs Earn [📖 75]

Many of Canada's nurses work on hospital wards and in other settings under contracts negotiated by their unions. Minimum and maximum salaries (excluding overtime) for general duty registered nurses compiled by the Canadian Federation of Nurses Unions for the year 2005 are shown below. The date that the latest increase became effective is also listed.

Union Name	Annual Income		Latest Increase Effective (d/m/y)
	Minimum	Maximum	
Newfoundland/Labrador Nurses' Union (NLNU)	43,163	55,152	1/1/04
Prince Edward Island Nurses' Union (PEINU)	44,928	54,756	1/4/04
Nova Scotia Nurses' Union (NSNU)	49,061	57,335	1/11/04
New Brunswick Nurses' Union (NBNU)	45,159	55,005	31/12/04
Fédération des infirmières et infirmiers du Québec (FIIQ)	34,064	50,730	21/11/03
Ontario Nurses' Association (ONA)	43,758	65,812	1/4/03
Manitoba Nurses' Union (MNU)	51,395	60,590	1/10/04
Saskatchewan Union of Nurses (SUN)	48,681	58,464	1/10/04
United Nurses of Alberta (UNA)	50,573	66,381	1/4/04
British Columbia Nurses' Union (BCNU)	47,112	61,836	1/4/04

Notes:
Figures have not been adjusted for other differences in working conditions or the cost of living. The following affiliates denote the "general duty registered nurse" classification as follows and may include registered psychiatric nurses:

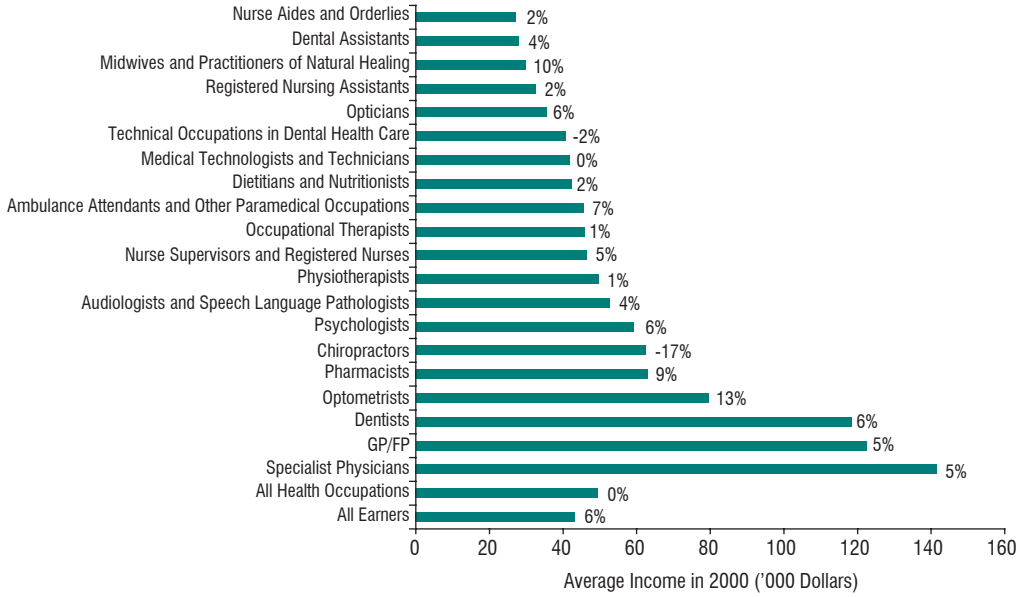
SUN—Nurse A, includes registered psychiatric nurses
MNU—Nurse II, registered psychiatric nurses
NLNU—Nurse I (NS-28)
PEINU—RN I
BCNU—Level 1, includes registered psychiatric nurses
NSNU—RN 2
NBNU—Registered nurse 2
UNA—includes registered psychiatric nurses

Source: Canadian Federation of Nurses Unions.

Average Incomes for Selected Health Professionals, 2000 [ ]

The people who provide care are the core of our health care system. Their wages and other payments for their services account for a large part of what we spend on health care. Between 1997 and 2001, Statistics Canada's Labour Force Survey shows that, on average, weekly wages for full-time workers in the health sector increased by just under 9%, compared to 10% for workers in all parts of the economy. Likewise, census data show that, on average, employment incomes for full-time workers in health occupations rose at about the rate of inflation between 1995 and 2000. That compares to a 6% after-inflation increase for all earners.

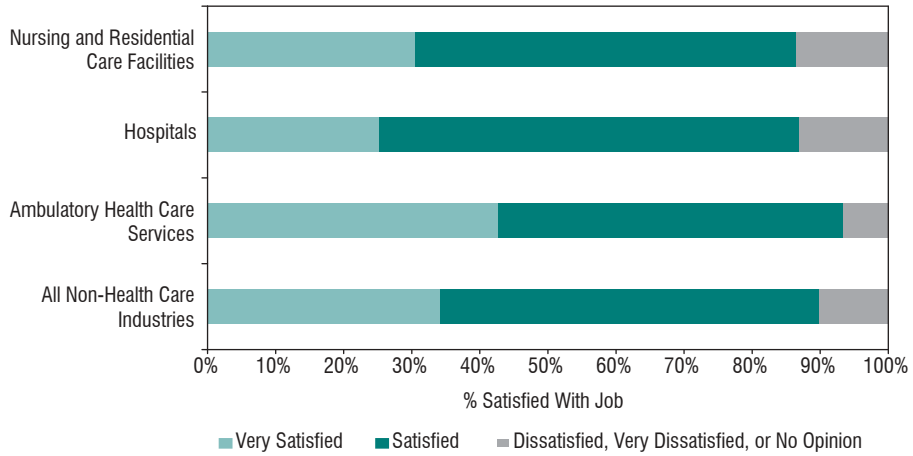
The average income for health professionals in some occupations is more than three times that in others. The figure below shows average annual employment incomes for Canadians who worked full time for the full year in selected health occupations in 2000 compared with the overall averages for health occupations and all earners. It also shows the percent change in those averages since 1995, adjusted for inflation.



Source: Census of Population, Statistics Canada, Labour Force Survey, Statistics Canada.

Overall Job Satisfaction [76]

Most health care providers reported being satisfied or very satisfied with their current jobs in 2001. Those working in ambulatory health care services had the highest percentage that reported being very satisfied (43%). Hospital employees were lowest at 25%.



Source: Workplace and Employee Survey, Statistics Canada.

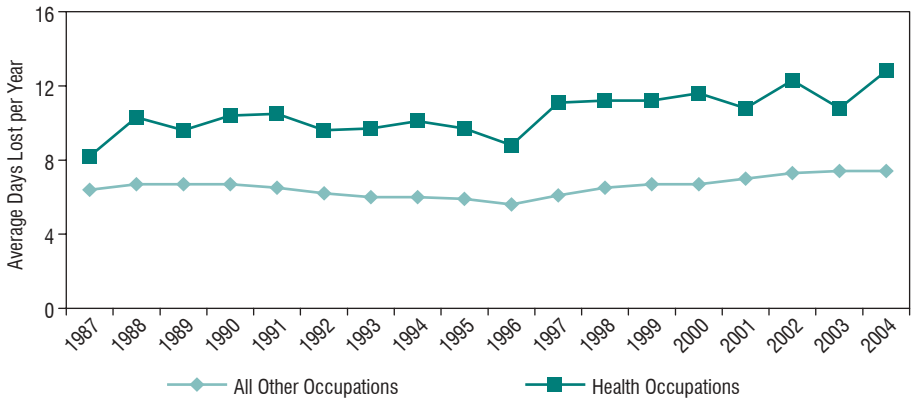
Chapter 6

The Health of Health Care Workers

The Health of Health Care Workers

Trends in Absenteeism [86]

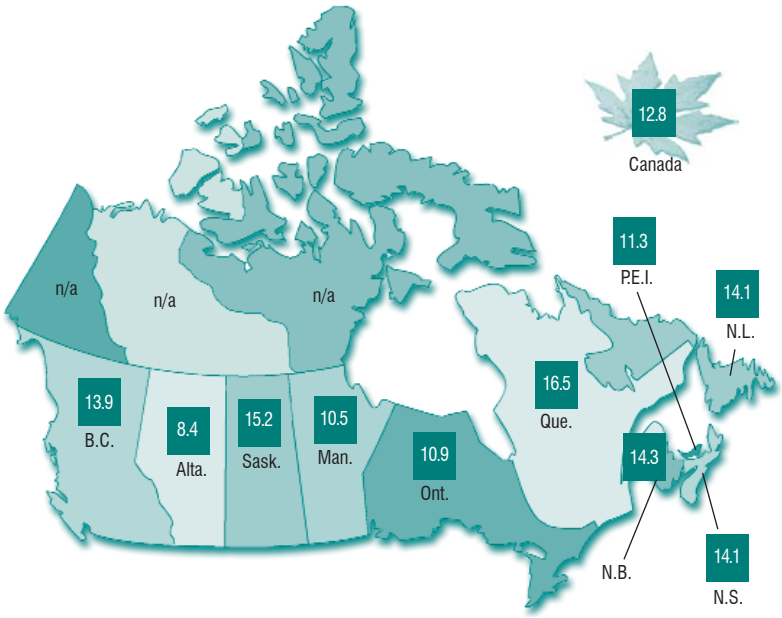
Since at least 1987, the average number of days of work that Canadians in health occupations lost due to illness or disability has been at least 1.5 times that for workers in general. The graph below is based on averages for full-time workers.



Source: Labour Force Survey, Statistics Canada.

Regional Variations in Absenteeism [87]

Absenteeism rates vary across the country. In 2004, full-time workers in health occupations across Canada missed 12.8 days of work due to illness or disability, on average. Provincial rates varied from a low of 8.4 days in Alberta to a high of 16.5 days in Quebec.



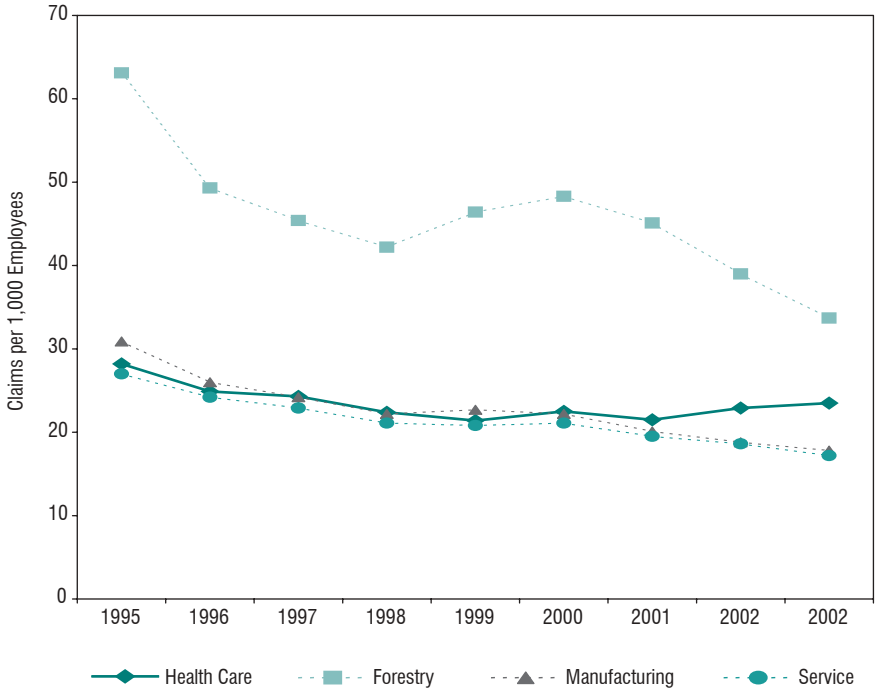
Average Days Lost per Year for Health Care Workers

Note:
n/a Data are not available.

Source: Labour Force Survey, Statistics Canada.

Frequency of Claims in Ontario [88]

Ontario's Workplace Safety Insurance Board (WSIB) compensates workers for job-related injuries and illnesses in Ontario. Between 1995 and 2000, the frequency of claims in health care decreased, but it has since shown a moderate increase. The frequency of claims in other industries, such as forestry, manufacturing, and the service sector, is continuing to decline.



Source: Workplace Safety Insurance Board, Ontario.

Appendix: Fast Facts

Health Professionals per 100,000 Population†

FF

	Physicians—2003										
	Total	GP/FP	Specialists	Registered Nurses—2003	Chiropractors 2003	Dental Hygienists 2003	Dentists 2003	Dietitians 2003	LPNs 2003	Medical Lab Technologists 2003	Medical Radiation Technologists 2003
N.L.	188	118	69	1044	9	15	31	27	523	78	56
P.E.I.	141	88	54	994	6	49	44	44	448	84	49
N.S.	209	111	98	907	10	50	53	43	323	92	56
N.B.	163	98	65	958	8	36	37	41	324	87	63
Que.	207	104	102	832	14	50	54	26	197	39	52
Ont.	177	85	92	693	27	61	62	20	209	59	46
Man.	177	92	85	861	20	50	49	27	207	87	52
Sask.	153	96	58	855	18	34	38	24	207	94	45
Alta.	183	99	84	755	26	55	55	23	150	70	50
B.C.	200	111	89	665	19	49	66	20	105	64	41
Y.T.	175	162	13	923	29	41	70	22	191	83	..
N.W.T.	102	69	33	978	..	31	104	28	232	47	..
Nun.	34	34	0	875	..	..	..	7		..	..
Canada	187	97	91	760	21	53	58	24	199	60	48

	Midwives 2003	Occupational Therapists 2003	Optometrists 2003	Pharmacists 2003	Physiotherapists 2003	Psychologists 2003	Registered Psychiatric Nurses 2003	Respiratory Therapists 2003
N.L.	0	28	7	110	38	39	❖	13
P.E.I.	..	25	11	108	38	20	❖	10
N.S.	..	29	9	108	54	41	❖	16
N.B.	0	30	13	80	58	41	❖	22
Que.	1	38	16	84	46	101	❖	37
Ont.	2	31	11	80	48	21	❖	17
Man.	3	37	8	94	50	14	82	20
Sask.	1	21	11	115	53	38	94	10
Alta.	1	35	11	100	54	52	36	27
B.C.	2	31	11	88	56	22	50	12
Y.T.	3	..	13	86	..	25	❖	..
N.W.T.	15	..	..	47	..	201	❖	..
Nun.	..	..	..	..	..	..	❖	..
Canada	1	33	12	87	49	45	54	22

Notes:

† Data are preliminary as of December 2003 and are subject to change. Rates per 100,000 population.

.. Information not available.

❖ Does not apply.

"GP/FP" includes certificants of the College of Family Physicians of Canada (CFPC), non-CFPC general practitioners, foreign-certified specialists and other non-certified specialists. "Specialists" includes certificants of the Royal College of Physicians and Surgeons of Canada or the Collège des médecins du Québec.

Sources:

Southam Medical Database, CIHI.
Health Personnel Database, CIHI.
Regulated Nursing Databases, CIHI.
Population Data: *Quarterly Demographic Statistics*, Statistics Canada, catalogue no.91-002-XIB, October–December, 2003.

Average Age by Health Occupation (in Years), Canada, 1994 to 2003

FF

Occupations	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Ambulance Attendants	34.6	34.3	34.6	36.4	36.9	37.1	37.1	35.9	35.5	36.3
Audiologists	35.8	38.2	36.3	36.1	39.0	37.6	37.9	36.7	37.3	38.0
Cardiology Technologists	--	38.8	37.2	37.4	42.0	44.8	39.2	--	45.0	46.3
Chiropractors	41.0	40.4	41.8	40.1	40.5	41.2	38.6	38.2	37.2	39.9
Dental Assistants	30.5	32.5	32.3	32.8	33.8	34.0	33.0	33.9	35.6	35.5
Dental Hygienists	32.3	33.7	32.9	33.8	32.8	35.0	35.2	37.2	37.8	35.4
Dental Technicians	37.4	37.3	36.4	37.4	37.3	40.9	37.8	40.4	36.6	40.8
Dentists	42.9	42.3	43.0	42.5	41.8	44.1	44.7	42.8	44.1	45.4
Denturists	38.2	47.7	43.3	42.6	47.0	47.8	45.8	48.7	48.5	38.1
Dietitians/Nutritionists	39.5	38.9	37.5	40.2	41.5	39.5	41.4	41.0	37.0	41.2
General Practitioners *	43.9	42.7	41.2	42.0	42.2	43.3	43.7	42.3	42.8	45.8
Head Nurses	41.1	42.0	43.4	44.0	43.1	44.9	44.4	44.8	43.9	46.1
Health Record Administrators/Technicians	38.5	39.2	39.5	40.0	38.5	36.7	37.7	38.2	38.2	39.4
Licensed Practical Nurses/Registered Nursing Assistants	41.0	40.5	40.7	41.3	40.7	42.5	42.3	42.3	41.3	42.3
Medical Laboratory Technicians	37.2	39.1	39.1	38.0	39.1	38.4	39.1	40.1	40.8	40.6
Medical Laboratory Technologists	41.4	39.6	39.4	40.2	39.9	39.4	39.6	42.6	40.9	41.6
Medical Radiation Technologists	35.8	37.3	40.3	38.0	39.1	40.6	39.6	40.2	39.4	41.6
Medical Sonographers	--	34.2	38.4	--	42.3	41.2	38.8	37.4	41.0	39.5
Midwives	--	45.1	41.4	44.0	46.8	45.9	45.9	46.1	44.4	46.5
Nurse Aides/Orderlies	38.4	39.6	39.9	40.7	40.5	40.4	40.8	40.9	41.2	41.5
Occupational Therapists	35.6	34.7	34.4	36.1	36.4	33.8	35.1	37.3	36.7	35.2
Opticians	37.8	36.0	33.8	37.2	34.5	40.1	37.8	38.9	39.5	42.9
Optometrists	40.5	37.1	42.8	40.5	40.4	47.1	38.7	38.3	40.8	43.1
Other Professional Occupations	35.6	45.7	38.8	38.4	42.8	--	44.1	45.6	45.4	45.4
Pharmacists	38.3	38.8	39.2	40.2	39.5	39.5	38.7	40.0	41.6	39.2
Physiotherapists	37.5	37.4	37.0	37.2	38.6	39.2	38.0	37.9	39.5	37.7
Psychologists	44.2	43.0	40.8	45.3	45.0	45.3	46.2	44.4	44.6	43.8
Registered Nurses	39.6	39.6	39.9	41.0	40.9	41.4	41.9	42.6	42.6	42.7
Respiratory Therapists	33.8	33.5	32.9	35.4	35.2	36.0	34.8	34.4	36.9	37.0
Social Workers	38.0	39.7	39.6	40.0	40.4	40.7	40.8	41.4	40.8	40.5
Specialist Physicians *	43.2	42.9	43.3	44.5	45.5	44.8	44.8	44.0	45.6	45.5
All Health Occupations	**39.2**	**39.5**	**39.6**	**40.3**	**40.3**	**40.7**	**40.8**	**41.1**	**41.2**	**41.6**

Notes: -- Too small to be expressed.
* Includes residents and interns.
These estimates are based on responses to a survey of a sample of the Canadian population. For more information on the sampling frame, sample size, and sampling error, please see the technical information about the survey on Statistics Canada's Web site.

Source: Labour Force Survey, Statistics Canada.

Physician Rate per 100,000 Population, by Physician Type and Health Region, 2002 FF

Health Region		Province	GP/FP Crude Rate	Specialists Crude Rate
1011	Eastern Regional Integrated Health Authority	N.L.	113	96
1013	Central Regional Integrated Health Authority	N.L.	113	28
1014	Western Regional Integrated Health Authority	N.L.	112	28
1100	Prince Edward Island	PE.I.	87	53
1201	Zone 1	N.S.	91	41
1202	Zone 2	N.S.	88	65
1203	Zone 3	N.S.	89	31
1204	Zone 4	N.S.	88	45
1205	Zone 5	N.S.	105	59
1206	Zone 6	N.S.	128	172
1301	Region 1	N.B.	91	80
1302	Region 2	N.B.	93	86
1303	Region 3	N.B.	85	59
1306	Region 6	N.B.	99	43
2401	ADRLSSSS du Bas-Saint-Laurent	Que.	115	72
2402	ADRLSSSS du Saguenay–Lac-Saint-Jean	Que.	97	67
2403	ADRLSSSS de la Capitale nationale	Que.	146	170
2404	ADRLSSSS de la Mauricie et du Centre-du-Québec	Que.	81	62
2405	ADRLSSSS de l'Estrie	Que.	133	122
2406	ADRLSSSS de Montréal	Que.	120	204
2407	ADRLSSSS de l'Outaouais	Que.	90	50
2408	ADRLSSSS de l'Abitibi-Témiscamingue	Que.	111	63
2409	ADRLSSSS de la Côte-Nord	Que.	134	42
2411	ADRLSSSS de la Gaspésie–Îles-de-la-Madeleine	Que.	162	57
2412	ADRLSSSS de Chaudière–Appalaches	Que.	100	54
2413	ADRLSSSS de Laval	Que.	86	67
2414	ADRLSSSS de Lanaudière	Que.	84	44
2415	ADRLSSSS des Laurentides	Que.	90	43
2416	ADRLSSSS de la Montérégie	Que.	88	59
3501	Erie–St. Clair LHIN	Ont.	58	53
3502	South West LHIN	Ont.	82	103
3503	Waterloo Wellington LHIN	Ont.	76	55
3504	Hamilton Niagara Haldimand Brant LHIN	Ont.	72	97
3505	Central West LHIN	Ont.	57	44
3506	Mississauga Halton LHIN	Ont.	72	58
3507	Toronto Central LHIN	Ont.	144	278
3508	Central LHIN	Ont.	82	70
3509	Central East LHIN	Ont.	66	53
3510	South East LHIN	Ont.	101	105
3511	Champlain LHIN	Ont.	106	131
3512	North Simcoe Muskoka LHIN	Ont.	82	51
3513	North East LHIN	Ont.	85	60
3514	North West LHIN	Ont.	95	55
4610	Winnipeg RHA	Man.	99	141
4630	Interlake RHA	Man.	75	17
4640	Central RHA	Man.	76	10
4704	Regina Qu'Appelle RHA	Sask.	113	75
4706	Saskatoon RHA	Sask.	107	128
4709	Prince Albert Parkland RHA	Sask.	107	28
4820	Chinook RHA	Alta.	90	54
4821	Palliser Health Region	Alta.	71	41
4822	Calgary Health Region	Alta.	99	104
4823	David Thompson RHA	Alta.	89	32
4824	East Central Health	Alta.	82	7
4825	Capital Health	Alta.	108	121
4826	Aspen RHA	Alta.	84	4
4827	Peace Country Health	Alta.	74	23
5911	East Kootenay HSDA	B.C.	122	26
5912	Kootenay Boundary HSDA	B.C.	132	47
5913	Okanagan HSDA	B.C.	105	78
5914	Thompson/Cariboo HSDA	B.C.	97	48
5921	Fraser East HSDA	B.C.	88	40
5922	Fraser North HSDA	B.C.	81	68
5923	Fraser South HSDA	B.C.	75	45
5931	Richmond HSDA	B.C.	86	66
5932	Vancouver HSDA	B.C.	172	260
5933	North Shore/Coast Garibaldi HSDA	B.C.	120	72
5941	South Vancouver Island HSDA	B.C.	148	123
5942	Central Vancouver Island HSDA	B.C.	106	62
5943	North Vancouver Island HSDA	B.C.	114	61
5951	Northwest HSDA	B.C.	138	23
5952	Northern Interior HSDA	B.C.	98	42
6001	Yukon	Y.T.	159	13
6101	Northwest Territories	N.W.T.	72	39
6201	Nunavut	Nun.	35	*
	Canada		**96**	**93**

Notes:

* Value suppressed.

In some regions, health facilities and personnel provide services to a larger community than the residents of the immediate region. In others, residents seek care from physicians outside the region where they live. The ratios of physicians to population reflect the number of doctors in a region and have not been adjusted to take these movements into account. The extent to which this affects individual regions is likely to vary.

Figures include civilian physicians (including those that are not providing clinical services, e.g. health research, administration and teaching) and exclude interns and residents. At a regional level, records with invalid, missing, or partial postal codes were excluded from the totals. Reporting is generally based on the region of the physician's office or hospital address (over 80% of cases), not region of residence. Reporting is based on total number of physicians on December 31 of the reference year (full or part time), not full-time equivalent figures.

"GP/FP" includes certificants of the College of Family Physicians of Canada (CFPC), non-CFPC general practitioners, foreign-certified specialists and other non-certified specialists. "Specialists" includes certificants of the Royal College of Physicians and Surgeons of Canada or the Collège des médecins du Québec.

Data are shown for regions with a population of 75,000 or greater.

General/Family Practitioners Rate:
Active civilian general practitioners per 100,000 population.

Medical Specialists Rate:
Active civilian certified medical specialists per 100,000 population.

Source:
Southam Medical Database, CIHI.

Total Health Spending on Physicians and Other Health Professionals by Province/Territory and Canada, 2004 (Current Dollars) FF

	2004 (Forecast)							
	Physicians ($'000,000)	Other Professionals ($'000,000)	Total ($'000,000)	Physicians ($' per Capita)	Other Professionals ($' per Capita)	Total ($' per Capita)	Physicians (% Public)	Other Professionals (% Public)
N.L.	$268.8	$135.5	$2,199.0	$519.9	$262.1	$4,253.1	99.8%	8.6%
P.E.I.	$58.0	$52.6	$541.2	$420.6	$381.4	$3,925.6	99.3%	7.0%
N.S.	$505.1	$327.0	$3,767.7	$539.1	$349.0	$4,021.2	99.1%	7.7%
N.B.	$384.1	$238.3	$2,904.2	$511.2	$317.1	$3,865.1	98.8%	6.9%
Que.	$3,142.1	$2,893.6	$27,657.0	$416.6	$383.6	$3,666.7	97.7%	10.5%
Ont.	$7,038.6	$6,430.7	$52,963.2	$568.0	$518.9	$4,273.7	98.7%	6.7%
Man.	$617.1	$458.4	$5,156.7	$527.3	$391.7	$4,406.4	98.6%	10.4%
Sask.	$514.8	$365.4	$4,016.5	$517.2	$367.1	$4,035.1	99.7%	16.9%
Alta.	$1,559.2	$1,578.2	$13,686.8	$487.0	$492.9	$4,274.6	97.9%	10.1%
B.C.	$2,624.2	$2,113.6	$16,660.4	$625.3	$503.7	$3,970.2	98.4%	6.8%
Y.T.	$16.2	$17.0	$170.7	$519.2	$544.9	$5,469.5	100.0%	21.8%
N.W.T.	$32.4	$19.1	$292.5	$757.0	$446.3	$6,833.3	100.0%	61.3%
Nun.	$24.6	$6.2	$259.4	$831.1	$209.5	$8,751.4	100.0%	56.5%
Canada	**$16,785.2**	**$14,635.6**	**$130,275.2**	**$525.4**	**$458.1**	**$4,077.9**	**98.5%**	**8.4%**

Note: Current dollars measure actual expenditures in a given year.

Health dollars are used to purchase health care goods and services, to provide capital investment, to administer public and private insurance plans and public health programs, and to fund research. These uses are grouped into seven major categories, including expenditure on physicians' services and other professionals' services. These categories do not include remuneration of health professionals on the payrolls of hospitals or public sector health agencies. These are included in the appropriate category (e.g. hospital spending).

Forecasts are estimates based on a mix of actual data from past events and key economic indicators of future events. Forecasts are calculated using econometric modelling or are based on the intentions of certain economic entities.

Source: National Health Expenditure Database, CIHI.

Average Wages of Full-Time and Part-Time Employees in Professional Health Occupations and Technical, Assisting, and Related Health Occupations, by Province, 2004 FF

Professional Health Occupations †			
Province	Average Hourly Wage Rate	Average Weekly Wage Rate	Median Hourly Wage Rate
N.L.	$25.13	$888.18	$26.00
P.E.I.	$26.59	$897.01	$26.49
N.S.	$26.01	$908.93	$27.00
N.B.	$24.15	$825.47	$24.90
Que.	$25.32	$836.15	$25.00
Ont.	$28.05	$958.92	$28.00
Man.	$26.20	$878.82	$27.00
Sask.	$26.83	$933.26	$28.45
Alta.	$28.40	$931.23	$31.00
B.C.	$29.53	$1,024.79	$31.00
Canada	**$27.29**	**$925.15**	**$27.00**

Technical, Assisting, and Related Health Occupations			
Province	Average Hourly Wage Rate	Average Weekly Wage Rate	Median Hourly Wage Rate
N.L.	$15.41	$546.41	$16.64
P.E.I.	$15.85	$518.81	$15.80
N.S.	$16.22	$560.86	$15.00
N.B.	$15.43	$540.96	$14.58
Que.	$16.56	$524.76	$15.80
Ont.	$18.60	$608.31	$16.70
Man.	$16.59	$538.46	$14.00
Sask.	$16.77	$554.19	$15.26
Alta.	$18.49	$609.27	$15.60
B.C.	$21.37	$711.12	$20.40
Canada	**$18.00**	**$589.34**	**$16.21**

Note: Canada totals do not include the territories.
† Professional health occupations include nurse supervisors and registered nurses.
These estimates are based on responses to a survey of a sample of the Canadian population. For more information on the sampling frame, sample size, and sampling error, please see the technical information about the survey on Statistics Canada's Web site.

Provincial averages may differ because of differences in the mix of health professionals, as well as variations in salaries and other factors.

Source: Labour Force Survey, Statistics Canada.

Average Number of Full-Time and Part-Time Employees in Professional Health Occupations and Technical, Assisting and Related Health Occupations, by Province, 2004 FF

Professional Health Occupations †		
Province	**Full-Time ('000)**	**Part-Time ('000)**
N.L.	5.8	1.1
P.E.I.	1.6	0.5
N.S.	11.4	2.2
N.B.	9.9	2.4
Que.	77.1	27.4
Ont.	140.0	36.0
Man.	13.3	4.3
Sask.	10.7	3.0
Alta.	31.5	12.2
B.C.	46.4	10.4
Canada	**347.6**	**99.4**

Technical, Assisting and Related Health Occupations		
Province	**Full-Time ('000)**	**Part-Time ('000)**
N.L.	8.0	1.3
P.E.I.	1.7	0.6
N.S.	11.7	3.7
N.B.	11.2	2.3
Que.	85.2	39.8
Ont.	117.7	51.3
Man.	16.0	6.7
Sask.	13.8	4.8
Alta.	33.9	13.7
B.C.	44.9	17.6
Canada	**344.0**	**141.9**

Note: Canada totals do not include the territories.
† Professional health occupations include nurse supervisors and registered nurses.
These estimates are based on responses to a survey of a sample of the Canadian population. For more information on the sampling frame, sample size, and sampling error, please see the technical information about the survey on Statistics Canada's Web site.

Source: Labour Force Survey, Statistics Canada.

Number of RNs by Place of Work, Canada, 1997–2003 FF

	1997	1998	1999	2000	2001	2002	2003
Hospital	**144,813**	**142,159**	**142,795**	**148,431**	**147,777**	**145,192**	**151,448**
Hospital (General, Maternal, Pediatric, Psychiatric)	137,251	134,966	135,687	141,359	141,073	137,954	144,675
Mental Health Centre	3,908	3,583	3,604	3,632	3,816	3,950	1,972
Nursing Stations (Outpost or Clinic)	1,002	1,018	915	847	948	900	935
Rehabilitation/Convalescent Centre	2,652	2,592	2,589	2,593	1,940	2,388	3,866
Nursing Home/Long-Term Care Facility	**27,749**	**26,979**	**26,676**	**26,084**	**25,235**	**24,372**	**25,292**
Community Health	**25,451**	**26,201**	**27,636**	**28,901**	**29,470**	**29,644**	**30,316**
Home Care Agency	9,768	9,998	9,060	8,655	8,126	7,234	7,026
Community Health Agency	15,683	16,203	18,576	20,246	21,344	22,410	23,290
Other Place of Work	**28,111**	**29,421**	**29,160**	**28,685**	**27,988**	**28,728**	**30,927**
Business/Industry/Occupational Health Office	3,293	3,415	3,551	3,624	3,628	3,281	3,462
Private Nursing Agency/Private Duty	2,086	2,085	1,996	1,740	1,451	1,878	2,192
Self-Employed	1,625	1,804	1,901	1,860	1,880	1,821	2,324
Physician's Office/Family Practice Unit	5,824	5,878	5,726	5,623	5,260	4,948	5,071
Educational Institution	5,285	5,011	4,926	5,027	5,273	5,953	6,512
Association/Government	3,448	3,587	3,751	3,896	3,916	4,065	4,129
Other	6,550	7,641	7,309	6,915	6,580	6,782	7,237
Not Stated	**2,589**	**3,054**	**2,267**	**465**	**1,042**	**3,021**	**3,359**
Canada	**228,713**	**227,814**	**228,534**	**232,566**	**231,512**	**230,957**	**241,342**

Note: Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies.

Source: Registered Nurses Database, CIHI.

Percent of Canadians Aged 12 or Older Who Reported Contact in Previous 12 Months With a Medical Doctor or Dental Professional

FF

Unadjusted Percentage Who Contacted a Medical Doctor					
	1994–1995	1996–1997	1998–1999	2000–2001	2003
	%				
Both Sexes					
Total	80	80	81	81	80
12–14	75	75	71	74	69
15–19	77	77	78	76	75
20–34	78	77	77	78	76
35–44	79	77	80	79	78
45–64	80	82	83	84	83
65+	90	90	91	90	90
Males					
Total	74	73	74	75	74
12–14	68	70	73	74	69
15–19	71	72	72	70	69
20–34	68	65	66	68	66
35–44	73	70	72	72	72
45–64	75	77	77	79	79
65+	90	89	89	90	89
Females					
Total	86	87	87	87	86
12–14	84	79	68	75	69
15–19	83	83	85	82	80
20–34	88	89	88	89	87
35–44	85	85	88	86	85
45–64	85	87	88	88	87
65+	89	90	92	91	90
Province					
N.L.	77	79	85	85	84
P.E.I.	83	80	87	82	85
N.S.	83	82	82	83	85
N.B.	79	80	80	84	82
Que.	76	76	77	78	75
Ont.	83	82	83	83	81
Man.	81	80	83	80	79
Sask.	80	80	83	83	81
Alta.	79	79	79	81	81
B.C.	81	82	80	82	83

Unadjusted Percentage Who Contacted a Dental Professional					
	1994–1995	1996–1997	1998–1999	2000–2001	2003
	%				
Both Sexes					
Total	56	58	60	60	64
12–14	78	81	84	80	85
15–19	69	72	72	73	76
20–34	57	57	58	60	62
35–44	60	65	64	65	69
45–64	52	56	59	59	64
65+	38	38	40	41	46
Males					
Total	55	56	57	57	61
12–14	79	81	83	78	83
15–19	69	70	71	71	74
20–34	53	52	53	55	57
35–44	57	62	60	61	65
45–64	52	55	56	57	62
65+	41	36	42	42	46
Females					
Total	57	61	62	63	66
12–14	77	80	85	82	86
15–19	69	74	73	76	79
20–34	61	63	63	65	67
35–44	63	68	69	68	72
45–64	53	58	62	62	66
65+	36	40	38	41	45
Province					
N.L.	38	40	44	44	48
P.E.I.	55	57	57	59	64
N.S.	53	53	55	58	62
N.B.	49	49	52	53	53
Que.	49	51	53	53	57
Ont.	63	66	66	67	69
Man.	53	56	58	58	61
Sask.	43	45	49	51	55
Alta.	55	54	57	57	63
B.C.	59	62	63	63	68

Source: Statistics Canada Health Indicators, Vol. 2004 no.1
<http://www.statcan.ca/english/freepub/82-221-XIE/00604/tables.htm>.
The territories have been excluded.